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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1980-81



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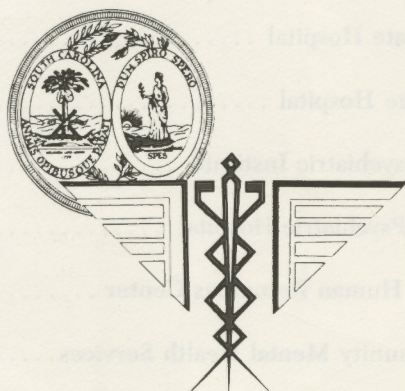
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STATE DOCUMENTS

Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT 1980-81



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S. C. MENTAL HEALTH COMMISSION

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Sumter

BERNARD WARSHAW
Walterboro

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Charleston

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Columbia

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Spartanburg

C. ALEX HARVIN, JR.
Summerton

JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

SCDMH EXECUTIVE STAFF

State Commissioner William S. Hall, M.D.

Assistant State Commissioner Racine D. Brown, Ph.D.

Assistant for Executive Affairs Larry W. Propes

Deputy Commissioner P. G. Reeves, Jr.
Administrative Services

Deputy Commissioner Raymond E. Ackerman, M.D.
Community Mental Health Services

Deputy Commissioner Alexander G. Donald, M.D.
Education and Research

Deputy Commissioner Racine D. Brown, Ph.D.
Planned Systems Change

Superintendent Karl V. Doskocil, M.D.
South Carolina State Hospital

Administrator Larry D. Leslie
South Carolina State Hospital

Superintendent Rufus E. Medlin, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

Director Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Administrator Forest P. Newman
William S. Hall Psychiatric Institute

Administrator Charles T. Gatch
C. M. Tucker Jr. Human Resources Center

Director C. Edgar Spencer
Morris Village

Administrator Wayne Howell
Morris Village

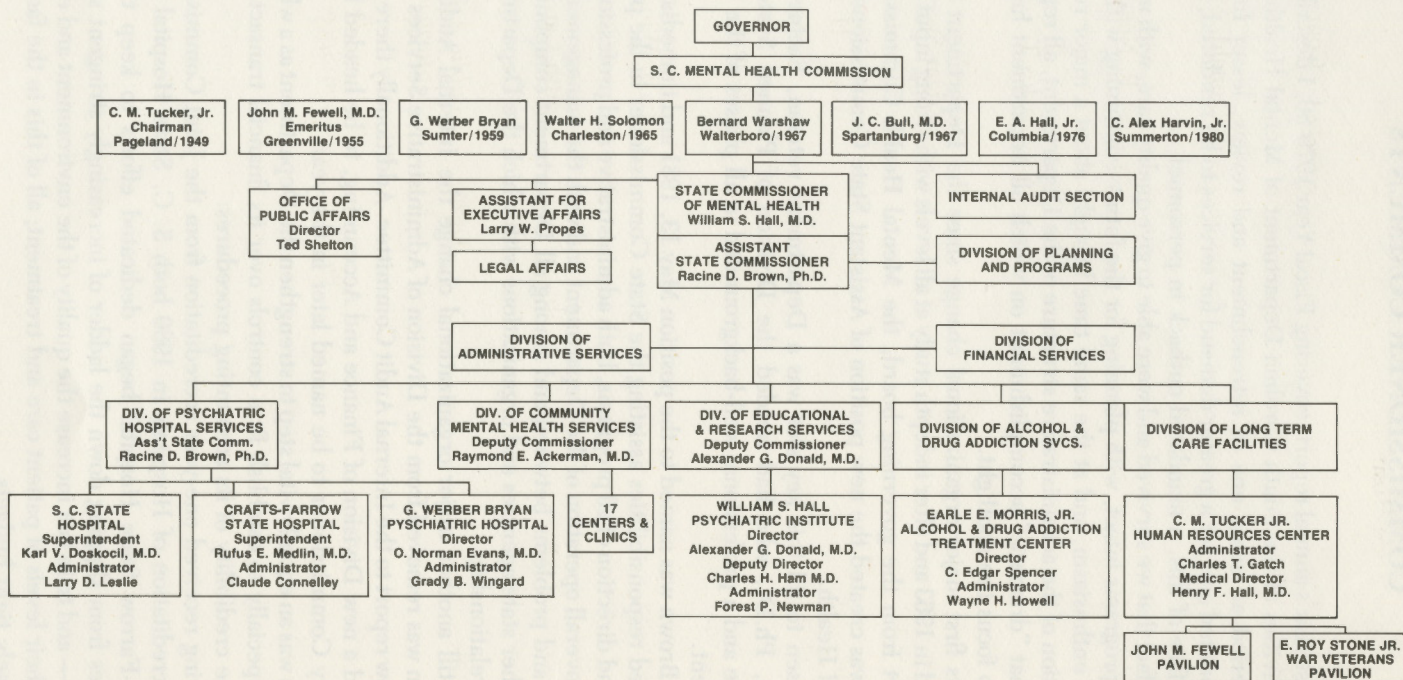
Director O. Norman Evans, M.D.
Bryan Psychiatric Hospital

Administrator Grady B. Wingard
Bryan Psychiatric Hospital

This Annual Report is an official publication of the South Carolina
Department of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist



COMMISSIONER COMMENTS

In last year's annual report, covering Fiscal Year 1979-80, I described the activities of the South Carolina Department of Mental Health for that period as being one of retrenchment and review; lesser funds appropriated and yet a greater demand for services to be rendered; and in the face of this, a mandated cutback in personnel.

The fact that we survived and were able to give quality care, with most of our programs intact, with planning for the future continuing with no lack of enthusiasm, and at the same time brought about a major reorganization of the administrative structure of the Department, all represent that "dramatic" accomplishment on which all department heads seek to focus the spotlight.

In its first major organizational change since the Department was created in 1963 and after indepth study at all levels with strong input and support from the governing board, the Mental Health Commission, there was created the new position of Assistant State Commissioner of Mental Health.

Chosen to fill this key slot was a Department veteran, Racine D. Brown, Ph.D., who had headed the Division of Planned Systems Change and a professional well-backgrounded in all phases of the Department.

Dr. Brown was named to the position May 13, 1981 and immediately assumed responsibilities assisting the State Commissioner in the planning and direction of all programs, both administrative and professional, in the overall operation of the Department and with the management of issues and problems between and among all Department components and other state agencies and organizations with which the Department has a relationship.

In still another major organizational change the Internal Auditing Section was removed from the Division of Administrative Services and will now report to the Internal Audit Committee. Additionally there was created a new Division of Finance and Accounting, to be headed by a Deputy Commissioner to be named later in the year.

This was an equally vital step to strengthen the Department as a whole and especially to establish firm controls over its financial transactions and the credibility of its accounting procedures.

Having received one-year accreditation from the Joint Commission on Accreditation of Hospitals in 1980 both S. C. State Hospital and Crafts-Farrow State Hospital began dedicated efforts to keep their facilities from slipping down the ladder of increasingly stringent standards — and to in fact increase the quality of the environment and even raise their levels of patient care and treatment; all of this in the face of extremely tight budgets.

Of course it will not be until late 1981 when the verdict is in — when State Hospital and Crafts-Farrow are again surveyed by the Joint Commission. We will remain optimistic.

During the year work finally got underway on the construction of the 300-bed Frank L. Roddey Pavilion on the campus of the C. M. Tucker Jr. Human Resources Center on Harden Street. On completing and opening in about two years patients housed in this pavilion will be provided long term intermediate nursing care under medical supervision for medical and psychiatric conditions.

Through intra-departmental transfer patients needing long term intermediate nursing care who are quartered in other Department facilities will occupy this modern facility. Program planning is designed to provide total care, facilities for physical therapy, occupational therapy, recreational therapy, speech and hearing therapy and music therapy. Programs in chaplaincy and social work services will be available to provide counseling and personal assistance.

Roddey Pavilion is named after the late Sen. Frank L. Roddey of Lancaster who was always most supportive of plans and programs for progress of the Department of Mental Health.

The Department still looks forward to the beginning of construction of Village B, the second regional psychiatric hospital which is to be built near Anderson. Most legislative hurdles have apparently been cleared and the Department only awaits a firm word to proceed (passage of the Bond Act).

The Village System originally projected four regional hospitals. The first, the G. Werber Bryan Psychiatric Hospital, near Columbia, is already operational. Other facilities were projected for the Pee Dee and the Lower Coastal regions of the state, but the need for these are now unclear.

A major plan of the Department was presented before the Annual Judicial Conference, received their approbation, and will be implemented in the form of a pilot project at S. C. State Hospital. This is a program for the determination of capacity to stand trial on an outpatient basis for the counties of Lexington, Richland and Fairfield, during the fiscal year 1982. This procedure would only involve those patients accused of nonviolent crimes. Our plan is to have these persons brought to the S. C. State Hospital to be evaluated by a specially trained interdisciplinary team. Those persons who require hospitalization and/or additional testing will be admitted for observation and/or treatment.

Our objective in this program is to reduce admissions for capacity to stand trial by 50% from these three counties. This will result in significant savings in hospital resources.

Of historical note, the last patients were transferred out of the Babcock Building in order for SCSH to retain its certification by the JCAH and to make room for future development of patient care facilities. But,

the State Board of Review of the National Register of Historic Places voted to recommend that the Babcock Building be placed on the National Register despite our plea that the building's central location on the hospital campus is badly needed for modern facilities. The nomination will be considered by the Department of Interior in October of 1981, making demolition of the building subject to approval by the city Landmarks Commission. The delay and total lack of progress in the construction of replacement buildings as provided for in the Department's Permanent Improvement Plan is a discouragement of major proportions.

OFFICE OF THE STATE COMMISSIONER

The Office of the S. C. State Commissioner of Mental Health consists of the Commissioner (Dr. William S. Hall), an Administrative Assistant II, and an Executive Secretary.

Dr. Hall has served in this capacity since July 1, 1963. As the chief executive of the department it is his responsibility to administer the policies, rules and regulations established by the S. C. Mental Health Commission. He is appointed by this Commission, which is the governing board of the department and whose members are appointed by the Governor and confirmed by the state senate.

The Commissioner must be a medical doctor licensed in S. C. with approved training and experience in psychiatry. The Commissioner has the power to appoint and, at his discretion, remove all other officers and employees of the department (subject to the approval of the Mental Health Commission).

The Commissioner acts as the immediate supervisor of the Office of Public Affairs and the deputy commissioners who are responsible for the various operations and services of the divisions of the department.

ASSISTANT FOR EXECUTIVE AFFAIRS, OFFICE OF GENERAL COUNCIL

During this past year, the Office of General Counsel assumed greater responsibilities in the areas of Legislative affairs and media relations. The addition of one attorney and a legal secretary enabled the office to continue the enforcement of claims and liens for medical care and maintenance rendered to patients. In addition, the office became more involved in the concept of risk management as a means of decreasing potential liability and improving patient care. Significant effort was also made to maximize patient eligibility for Medicaid benefits as a consequence of changes in Federal Regulations.

Additional duties included reviewing all Departmental contracts, providing guidance regarding employee/employer relations, implementing the requirements of the Administrative Procedures Act, pro-

viding counsel and assistance to all the Department's facilities employees on a variety of matters which involve legal issues, and participation in diverse litigation and administration hearings. The Office of General Counsel also provided legal services for the Division of Community Mental Health Services. Several training seminars on legal issues were provided to Departmental employees by attorneys from the Office of General Counsel.

Counsel and assistance continues to be provided to patients, Department personnel and others on a variety of legal and ethical issues relating to patient rights and patient welfare. Limited counseling and assistance also continues to be provided to patients concerning personal legal affairs. Activities with external advocacy agencies, other State agencies and those acting on behalf of patients continue to increase. It is anticipated that within the next year written agreements will be reached with some of these agencies concerning their involvement with SCDMH. The internal patient rights program was implemented during this period as anticipated and includes: (1) a patient grievance procedure; (2) a policy and procedure manual; and (3) education and orientation for patients, staff and families. Twenty-one patient rights specialists were appointed and are currently active within the Department's residential facilities. During the first six months of the program, three hundred and twenty-three items were logged under the new procedures. A Departmental Rights Review Committee and Facility Rights Review Committees were appointed and have already reviewed several appeals. The office has been involved in numerous educational programs concerning the new procedures and other areas involving patient rights and patient welfare.

INTERNAL AUDIT SECTION

During the fiscal year 1980-81 the Internal Audit Section was comprised of the following positions: (1) Auditor II, (1) Auditor I, and (1) Accounting Clerk III. The Accounting Clerk III position was abolished due to the reduction-in-force policy during the latter part of FY 80-81.

Annual audits were performed at the sixteen Community Mental Health Centers, Hall Institute, S. C. State Hospital and Crafts-Farrow State Hospital Pharmacies; S. C. State Hospital, Crafts-Farrow State Hospital, Morris Village and Bryan Psychiatric Hospital canteens. Semi-annual audits and inventories were accomplished for the Commissary and Warehouse. Payroll check distribution audits, and petty cash audits were performed periodically throughout the department.

In addition to the above, audits were accomplished in the areas of Patient Shopping Programs, Patient Personal Fund Reserve Accounts, Grants, and Fixed Asset Inventory Control. Additionally the Internal Audit Section was responsible for the Payroll Bank Reconciliations and coordinating the Title XX and CETA Programs.

OFFICE OF PUBLIC AFFAIRS

In its function as a public affairs entity this office received questions from the public (students requesting assistance and information about the department and mental health for class projects and citizens who are concerned about mental health services for friends, or relatives, etc.) and saw to it that they were answered through direct communications, by referring them to a proper source of information or by mailing written materials.

The office provided speakers as requested by various organizations for their meetings and programs.

In its capacity as a service for dissemination of information to employees and the public the office published a monthly newsletter, the REPORT. This publication was distributed to all department employees and to a mailing list of over 700 (Governor's Office, S. C. Legislators, probate judges, state agencies, S. C. Colleges and Universities, the S. C. Mental Health Commission, 25 S. C. daily and 81 weekly newspapers, 14 television and 117 radio stations, Community Health Center and Clinic Board members and miscellaneous requests).

The office also published D² — DATA AND DIALOGUE, a monthly newsletter for CMHS employees.

A total of 19 news releases were distributed to the S. C. mass media.

The office designed the recruiting poster for the Personnel Office for use in recruiting nurses.

The office produced two slide presentations, one for the Friendship Center and one for the Div. of Planned Systems Change Services for the Aging.

The office took the slides which were used in a slide presentation on patients' rights for use by the SCSH Continuing Education Dept.

The office designed and coordinated the distribution of the 1980 Christmas Card.

The office also compiled, edited and prepared for publication this Annual Report.

Staff members created brochures and programs by request of various department facilities which presented workshops during the year, as well as information brochures for several centers, and recruiting brochures for Crafts-Farrow and Friendship Center.

A photograph, negative, and slide file is kept on hand for requests, reference, and future use.

The office maintained extensive files including all publications, letters, materials, laws, information of historical interest, and special events pertaining to the department.

The office coordinated Zoo Day for the Handicapped for the sponsors, Mrs. Nancy Thurmond and U. S. Senator Strom Thurmond. This is a statewide event which has an annual attendance in the thousands.

ASSISTANT STATE COMMISSIONER OF MENTAL HEALTH

The position of Assistant State Commissioner of Mental Health was established as part of the reorganization of the Department of Mental Health, effective May 13, 1981. The role and responsibilities of the position are indicated in SCDMH Directive No. 557-81 (1-10), as follows:

The Assistant State Commissioner assumes responsibilities requiring the widest latitude of independent action and initiative; the principal duties are to assist the State Commissioner in the planning and direction of all programs, both administrative and professional, in the operation of the Department.

Within guidelines provided by the State Commissioner, he is authorized to act for the State Commissioner on all aspects of program planning, development and operation of the Department.

Major areas of emphasis are the management of interface issues and problems between/among components within the Department and between the Department and other state agencies or other entities.

DIVISION OF PLANNING AND PROGRAM SERVICES

In the reorganization of the Department of Mental Health, effective May 13, 1981, several functional components were transferred from other areas to the Division of Planning and Program Services. The Division is currently responsible for the following functional areas:

- Budget Analysis and Planning
- Program Review and Analysis
- Program Planning
- Grants and Contracts Management
- Certificate of Need Coordination
- Statistics
- Aging Services Coordination
- Youth Services Coordination
- Primary Prevention Coordination
- Volunteer Services Coordination

The activities associated with the foregoing functional areas are reported in the narratives of the Divisional sub-sections which follow.

The Division of Planning and Program Services is under the direct supervision of the Assistant State Commissioner of Mental Health.

Office of Budget Analysis and Planning

The State's Five Year Plan was utilized this year as an initial budget

request for FY 81-82. In this document, the Department of Mental Health requested State Appropriations of \$101,336,921. This included a base request of \$82,115,151 with an additional \$19,221,770 requested for cost of living, inflation, as well as many new and expanded programs. Based on this request, the Budget and Control Board recommended to the Legislature, State Appropriations for Mental Health of \$77,648,643. This included a 7% reduction in Personal Services which was recommended for all state agencies.

Through continued efforts by the Department for restoration of funding, the Legislature has injected approximately \$3 million of the Department's own patient fee revenue, previously earmarked for Capital Improvements, to be used in the Department's general operating budget. In addition, this fund has been tapped by the State for an additional \$3.8 million to be used in General Fund Operations of the State.

Despite the use of fees to supplement State Appropriations, the Department finds itself facing the reduction of services during FY 81-82 in order to stay within the budgetary limitations. As a result of the reduced appropriations, a total of 223 positions are to be eliminated June 18, 1981, with an estimated 61 employees losing their jobs.

As the Department prepared its new Five Year Plan for requesting FY 82-83 State Appropriations, the outlook for increased funding appears remote at best.

Office of State Plans and Grants Development:

During 1980-81 the Planning Section produced the State Mental Health Plan for 1982 and Progress Report for 1980, approved by the State Plan Advisory Council, successfully negotiated Memoranda of Agreement (M.O.A's) with State Health Planning and Development Agency (SHPDA) and Department of Vocational Rehabilitation, and accepted the responsibility for filing and producing the C.O.N. program for the Department. At present some sixteen 1122 Applications and three CON applications have been completed. One CON Application is presently in the final stage of completion.

The following programs are currently in process; Outpatient Community Mental Health Services Quality Assurance Standards, Medicaid contract for clinic services option program, negotiation with the Department of HUD for housing for the Chronically mentally ill and the first stages of the patient needs assessment at SCSH and CFSH has begun. The foregoing programs will be the basis for the development of the upcoming State Mental Health Five-Year Plan as it is coordinated with the State Mental Health Advisory Council. Thirty-nine proposals (Grants on Research Projects) were processed for the Grants Review Board.

Office of Mental Health Services for the Aging

Goals set forth in the SCDMH State Plan, Fiscal Year 1977 (Pg. s-23) refer to the following: "To accelerate the deployment of a statewide program of mental health services designed to accommodate the general as well as the differentiated requirement of the elderly." The new office of Mental Health Services for the Aging was created by decree of the State Commissioner of Mental Health to carry out this mandate. Personnel working with the elderly throughout the State have specifically requested that this Office provide: leadership in mental health activities to improve identified management and services problems; active intervention on legislative issues; training assistance for personnel and families caring for the elderly, and to present amenities enjoyed by many of the well elderly to the institutionalized patients. In moving toward these requests, some of the projects addressing the differentiated requirements of the elderly are:

- Assuring the continuity of care for patients leaving Crafts-Farrow by tightening the patient discharge process from Crafts-Farrow to the Columbia Area Mental Health Center. The final evaluation of this research design will be completed October 1982.
- A two-day workshop for the community mental health centers coordinators of elderly services revealed that all attendees listed more training as their primary need. This resulted in exploring a parapetetic training package for community mental health centers.
- Assessing training needs of personnel at a private nursing home and at state long-term project have been completed. Curricula development and training is under way for both facilities.
- Providing alternative methods for involving depressed elderly patients in one of our psychiatric hospitals proceeded with good results and is currently in daily use.
- This office continues to examine the current practice of shuttling elderly patients back to their county of residence for court hearings. Wide community support from public and private agencies and associations support our proposal to centralize the court hearings.
- Involving functional elderly in planning mental health services for their age group has been initiated in a community mental health center catchment area between the Commission on Aging and the Mental Health Center.
- In its first year, this office was represented on five major review boards and councils.
- Fourteen state and local agencies and 2 colleges invited the director to present formal lectures; and consultations were provided to

innumerable outside agencies, clubs and associations, as well as institutions and agencies within the Department of Mental Health. Invitations were also recieved to actively participate in one federal program and an international program.

As we move through rapid social changes, new observations and new knowledge are required. By closely following research and service developments nationally, this Office will reflect the changing medical, sociological, environmental, political and economic patterns by providing policy focus and program coherence for aging-related activities.

Office of Youth Services

Coordination of Department Children and Youth Services as well as advocacy, planning, program development and public representation are responsibilities of this Office. Primary issues have included legislation, shifting sources of funding, increasing interest in Department licensure of private child mental health facilities, public education of the mentally handicapped, delivery of mental health services to children within the juvenile justice system. Coordination between agencies and public groups has focused on the Governor's Child Development and Early Education Council and the newly formed Governor's Children's Coordinating Cabinet. A number of agency activities, products, and issue resolutions have emerged from these new resources. Within the Department emphasis has been on development of alternatives to hospitalization ("Community Treatment Homes"; the first two are funded for 1981-82), primary prevention, training and research, monitoring of service delivery. Available from this Office are such materials as: "C&Y Department Goals for the Next Five Years"; "SCDMH C&Y Services Directory"; "C&Y Statistical Information," and mental health services for children resource materials. This Office has represented the Department on numerous task force and other groups including such issues as the "Chronic Status Offender," "Parent Education," "Services for Parents of Newborns," "Child Abuse and Neglect," etc. For further information contact M. R. Newton, Director; telephone 758-8780.

Office of Primary Prevention

Primary prevention projects have not only been sustained, but expanded in all six hospitals and sixteen community mental health centers. Program areas include:

- Family Planning
- Genetic consultation
- Enabling children and adolescents to acquire daily living coping skills
- Promotion of parental competence

Facilitation of healthy family life
 Minimizing the harmful effects of severe parental problems and disorders in vulnerable children
 Stress management
 Health promotion (Wellness)
 Prevention consultation and training for community caregivers
 Public media

Objectives met or partially fulfilled:

The Office of Primary Prevention Services continues with high visibility.

An excellent prevention networking system has been maintained intra-departmentally and also with established linkages on the local, regional and state levels.

A program of training offerings has been provided and enlarged. The project of primary prevention for personnel initiated in 1979 has resulted in recommendations about stress reduction, job satisfaction, communication and support. These are in the process of being implemented.

The prevention information bank is being maintained and expanded.

A review, for action, has been made of mental health policies, procedures and regulations which impact negatively on the family.

Two goals are reiterated about which some progress has been made:

To enable, by June 30, 1982, 250 children and 375 of their family members to enhance their optimal mental health and thereby minimize the deleterious effects of severe parental or family member disorders of mental illness, alcoholism and addiction. (Project has recently been funded.)

To reduce, by 1990, the number of children in school settings (ages 5-20 years) requiring services for emotional and mental handicaps by 10 percent.

Family Planning Program

A voluntary program of family planning services has begun with partial funding from the S. C. Department of Health and Environmental Control. The services consist of education and counseling as well as the medical provision of contraceptive methods, at no cost to the patient during hospitalization. The program is being introduced gradually at one departmental facility at a time. Appropriate and necessary contraceptive follow-up will be accomplished statewide by coordination

between community mental health centers and clinics and family planning clinics in each community.

Office of Volunteer Services

During FY 1980-81 the Office of Planning & Programs designated a Departmental Coordinator of Volunteer Services for the purpose of increasing the manpower available to accomplish the mission of the Department of Mental Health by the development of a statewide program utilizing a wide variety of volunteers and community resources.

Objectives accomplished during the first year were:

- the establishment of an administrative unit for implementing and directing the program;
- the establishment of a central "clearing house" for the dissemination of volunteer information;
- the strengthening of the service system through the incorporation of existing resources; and
- the provision of career and enrichment opportunities for volunteers while increasing public awareness and support for mental health programs.

Consultation and training have been made available to central facilities and community mental health centers. A handbook, "Developing a Natural Resource — Volunteers," was written and distributed to volunteer coordinators within the Department to assist them in setting up new programs and expanding existing ones. New policies and procedures are being established as the program develops.

Methods of reporting volunteer numbers, hours, duties, etc. vary widely throughout the Department and efforts are being made to standardize this information to provide a clear picture of volunteer services. During FY 80-81 approximately 450 individual volunteers and 61 groups were reported. The total number of hours contributed is not available, but methods for getting this information during the next fiscal year is being developed, as is the method for determining the monetary value per hour of volunteer service. Once these methods are in place this office can show a substantial amount of additional services provided at minimal cost to the Department.

Early in the coming fiscal year, a two day Statewide Workshop co-sponsored by the Department of Mental Health and the Mental Health Association will be held. It will bring together volunteers, mental health professionals and Mental Health Association members for the purpose of sharing information, encouraging and exploring the creative use of volunteer resources and planning to meet the future needs of the mentally ill.

DEPARTMENT OF ARCHIVES AND HISTORY

The Department of Archives and History continued to be visited by hundreds of local, state and out of state personnel interested in the unusual beauty of the facility and the wealth of available information.

There were numerous inquiries referable to family data in the hospital records, many bringing forth often unusual situations. Department of South Carolina Mental Health personnel, medical staff and others from throughout South Carolina and elsewhere came for information and indepth research, several remaining for a week to study records. Many inquiries came by mail. Notices in travel publications resulted in inquiries and out of state visitors.

The regular tours and orientation for hospital inservice educational training groups will be resumed when there is relief from the personnel crisis. Other groups and individuals from the S. C. Department of Mental Health came for similar visits and information. The Consultant-Director interpreted the history and progressive care for the mentally ill in South Carolina, and explained the many meaningful portraits, maps, beautiful antique furniture, etc. Especially stressed to hospital personnel were the progress in mental health care; the privileges, importance of each one's position, and opportunities afforded in efficiently caring for the patients entrusted to them.

Several committees and groups within the official framework and from the city met in the Archives.

South Carolina was the second state in the nation to officially authorize and finance a hospital for the mentally ill by Act 2269 of the S. C. General Assembly on December 20, 1821. The first such officially authorized mental hospital was in 1773 at Williamsburg, Virginia.

The Mills Building (originally the S. C. Lunatic Asylum) with the corner stone laid on July 22, 1822, was declared ready for patients December 18, 1827. The first patient, a young white woman from Barnwell District, South Carolina, was admitted December 12, 1828.

The Mills Building is the oldest state mental hospital in the nation in continuous use. Unoccupied by patients since 1937 this has for many years been a multiple purpose facility.

Among the treasures are two plaques from the United States Department of the Interior stating that the Department of Archives and History and the Mills Building were entered on the National Register of Historic Places under the provisions of the National Historic Preservation Act of 1966 for historic significance.

Many portraits and photographs are meaningful — Act 2269, December 20, 1821 and other Acts when name of hospital was changed in 1896 and 1920 — Robert Mills, internationally known South Carolina architect, and copies of his designs for the Lunatic Asylum (Mills Building) — two legislative founders, 1821, Colonel Samuel Farrow of Spar-

tanburg, known as the Father of the Asylum, and Major William Craft of Charleston — Dr. John Waring Parker, the first medical superintendent — all the medical superintendents of the S. C. State Hospital — and others of importance.

There are four stained glass windows and the ancient chandelier from the 1884 chapel located in the now-termed Babcock Building.

The Mills Building represents a remarkable period in South Carolina history. The beautiful vaulted ceilings, graceful, steep, curved stairs, spiral stairs from the second to fifth floor, different size windows on each floor, split levels, various sizes, shapes and colors of handmade brick on the outer walls, the FIRST roof gardens, all are an imposing, enduring monument to the creative genius and humanitarianism of Robert Mills.

Visitors and personnel are encouraged to view this unusual and lovely Mills Building and the Department of Archives and History located in the East wing, ground level.

The Consultant-Director, Mrs. Inez Nolan Fripp, who created and continues to develop the Archives, was distinctly honored by the S. C. Department of Mental Health on Wednesday, October 29, 1980, by the unveiling of her portrait by Dr. William S. Hall, State Commissioner of Mental Health, and a reception in the SCDMH Administration Building.

In the history of mental health in South Carolina, this was the first portrait of a woman officially ordered and presented by the S. C. Department of Mental Health.

For several months the portrait of Mrs. Marjorie Smith of Columbia was in the Commissioners conference room, then transferred to the Archives.

Sincere appreciation is expressed to Dr. Hall and to the Deputy Commissioner of Administrative Services for their thoughtfulness and generosity.

The Commissioners further officially recognized Mrs. Fripp by naming the drive around the Mills Building the Fripp Circle.

The Engineering Division Grounds Superintendent paid tribute to her by planting five oak trees on Pickens street in front of the Archives, and six crimson crepe myrtle trees along the Fripp Drive to the south.

Deep appreciation is expressed to each who shared in this thoughtfulness.

DIVISION OF ADMINISTRATIVE SERVICES

ENGINEERING AND PLANNING SECTION

The Engineering & Planning Section is assigned the responsibility of the planning, design and implementation of capital improvement projects and the coordinating of all construction to meet the program needs

for the Department of Mental Health, as it relates to new or renovated facilities.

The past year the Engineering and Planning Section has been involved with the following projects:

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

1. The Village "B" project for the Piedmont Region has progressed during the year. The Mental Health Commission and the Village System Planning Committee has approved the Design Development Phase and the Architect/Engineer Consultant is now working on the Construction Document Phase.
2. The Engineering and Planning Section has evaluated and made recommendations for the Reroofing of the Project COIL Dormitories. Awaiting approval from the S. C. Budget and Control Board.
3. The Range Hoods Extinguishing Systems project for the Department has been approved. Documents were prepared for bidding and the contract was awarded for the installation.

CRAFTS-FARROW STATE HOSPITAL

1. Reroofing of Shand and Davis Buildings has been completed.
2. The 88 Bed Facility is awaiting approval from the S. C. Budget and Control Board.
3. The Smoke and/or Fire Dampers for various buildings throughout the campus have been approved and plans are underway for developing bid documents.

MORRIS VILLAGE

1. Reroofing of all buildings has been completed.
2. Fencing of the facility has been completed.

SOUTH CAROLINA STATE HOSPITAL

1. The Thompson Building has been demolished.
2. The Parker Building has been demolished.
3. The Construction Document Phase has been completed for the energy facility-downtown campus project. The awarding of the construction bids are at this time under consideration by the consultant.
4. Ditch fencing contract has been completed.
5. Reroofing of Allan, Preston, Cooper and Saunders is substantially complete.

C. M. TUCKER, JR., HUMAN RESOURCES CENTER

1. The award of the contract for the 300 bed addition (Frank L.

Roddey Pavilion) has been made and the project is presently under construction.

2. Plans are being reviewed for the reroofing and repairing of roofs on the existing buildings. Upon completion of review, bids will be solicited.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

Project COIL (Center for Orientation to Independent Living) continues to function as a deinstitutionalization program for the SCDMH. This project provides services under the following programs.

The *Pre-Residential Program* serves patients from the S. C. State Hospital, Crafts-Farrow State Hospital, C. M. Tucker Human Resources Center, William S. Hall Psychiatric Institute, Bryan Psychiatric Hospital and appropriate referrals through the Community Mental Health Clinics/Centers. This service is designed to provide an orientation for inpatient referrals as to the goals, objectives and expectation of the COIL Project. Individuals who have substantial periods of hospitalization will be worked with in areas of meal preparation and planning and skills necessary for them to begin residency in a COIL apartment. This program is an open-ended and ongoing group which typically can last for an eight week period for those patients requiring a complete orientation.

The *Residential Program* consists of one-to-one counseling and activities of daily living skills such as home management which includes such areas as grocery shopping, meal planning and preparation, apartment maintenance skills, clothing maintenance and learning to work cooperatively with one's roommate. The residential program can last up to a six-month period of time for those individuals needing a longer period of orientation to independent living.

The statistics for the Residential Program covering the period of this annual report was 229 admissions, 72 required rehospitization because of various reasons (including medical and psychiatric needs or those deemed inappropriate for the program), 2 left without permission, 1 deceased and 148 placed into community living situations. The resident census as of June 30, 1981 was 50.

The *Adult Development Program* has served approximately 275 individuals in Columbia boarding homes and ex-residents living in independent situations in addition to COIL residents. Activities provided by this program include: home management; consumer education classes, personal development and hygiene, orientation to the community, adult education classes, social and recreational functions and arts, crafts and hobby development.

The funding for the project is under Title XX contract with the Department of Social Services. Under this contract Project COIL is reimbursed 71% of total operating cost with 29% being funded by the

SCDMH. Total budgeted funds under Title XX contract for this year's operations were \$440,754.

FORMS CONTROL OFFICE

Organizational and input work of 18 months duration culminated in a telephone directory from a computer printout. Plans are to keep this directory updated monthly in order to facilitate publication of the annual SCDMH telephone directory.

February 8, 1981, marked the cutover date to an updated and more sophisticated electronic telephone system. Many features are available to speed up service and facilitate communications, however, budgetary considerations preclude the installation of many of the features. Evaluations will be made as the telephone changes are needed based on individual considerations. At the Farrow Road exchange for this system, the equipment is new and some of the features automatically available.

Increased telephone costs have produced economic pressures that cause Administrators to look for ways to reduce equipment costs by elimination of telephone lines and stations or rearrangement to accommodate organizational change and/or efficiency. One hundred twenty-seven orders for telephone changes were processed during the year.

Forms and typesetting work continue to increase. Efforts to organize forms coordination at the facility level have been successful in getting more people involved in the decision making process but have produced little results as far as working out standardization problems.

Two hundred ninety typesetting jobs were executed during the year for complexity varying from minor forms revisions to simple brochures to medium size books. Approximately 1400 orders for printed forms and miscellaneous printed jobs were processed.

PRINT SHOP

The Printing department has processed 5,599 job requests for the year. Total impressions are 8,924,947 and 5,533 originals on offset presses and 1,973,261 impressions and 27,655 originals on Xerox duplicator.

A new pricing system has been implemented that will reflect actual cost of supplies and materials required to print any given job.

DEPARTMENTAL SERVICE OPERATIONS

Report covers the following organizational entities:

Upholstery	20071
Consumable Inventory Accounting	20072
Fixed Assets Accounting	20073
Warehouse	20074

1. *Upholstery:*

The Upholstery Shop is a one man operation and handles primarily emergency requests for furniture repair and covers pillows and mattresses for the various Mental Health Facilities. Bulk upholstery repairs are sent to the Department of Corrections. The SCDMH Upholstery Shop charges only for the cost of material and supplies. No labor is charged. For FY 80-81 the total charges made from this account were \$11,099.97.

2. *Consumable Inventory Accounting:*

During FY 80-81 the Department obtained from U.S.D.A. twenty-one (21) Food Commodities. Value of donated commodities received during this period was \$488,719.98. Also, stock purchases valued at \$4,263,756.23 were received and issues totaling \$4,520,148.47 were made. These receipts and issues were in addition to the value of the U.S.D.A. donated Commodities.

A system has been devised and implemented to computerize the ordering of stock for all supply points as well as providing information as to aging stock. A system has also been devised to provide Finance with information of receipts, issues and transfers of stock throughout the Department. During this time, a system was also devised and implemented to computerize the cost of forms printed in the Print Shop and issued through the Forms Supply to capture the exact cost of printing supplies used. A similar system was also implemented in the Bakery that converts the cost of the ingredients into being the same as the value of baked goods on a line item basis. These prices are changed each time a product is completed. During this period, inventories were conducted in the Supply Points with results as follows:

October 29, 1980 inventory of Stores 0, 1, 2, 3,, 4, 5, 8, 9, 11, 13 and 14:

Items in Stock —	3,923	
Dollar value of inventory		\$1,202,433.17
Adjustments minus		6,255.32
Adjustments plus		4,531.25
Net minus		1,724.06
Net adjustment equals minus .10% of the total dollar value of inventory.		

March 11, 1981 inventory of Store 6:

Items in Stock —	1,358	
Dollar value of inventory		\$ 248,664.00

Adjustments minus	9,958.00
Adjustments plus	10,924.00
Net plus	966.00
Net adjustment equals plus .38% of the total dollar value of inventory.	

April 30, 1981 inventory of Stores 0, 1, 2, 3, 4, 5, 8, 9, 11, 13 and 14:

Items in Stock — 5,614	
Dollar value of inventory	11,395,616.26
Adjustments minus	3,910.74
Adjustments plus	5,342.48
Net plus	1,431.73
Net adjustment equals plus .10% of the total dollar value of inventory.	

May 13, 1981 inventory of Store 7:

Items in Stock — 1,160	
Dollar value of inventory	\$ 83,016.63
Adjustments minus	2,268.20
Adjustments plus	2,113.32
Net minus	154.88
Net adjustment equals minus .18% of the total dollar value of inventory.	

3. *Fixed Assets Accounting:*

Disposal of salvage departmental property and scrap during FY 80-81 netted the Department \$30,749.01 as shown:

a. Cans, drums, rags, scrap, etc.	\$ 13,149.33
b. Beef and ham fat and bones	5,258.18
c. Vehicles, etc. (through State Surplus)	12,341.50
Physical inventories of nine (9) major Control Points, seventeen (17) Centers and Clinics with forty-four (44) satellite offices and three (3) Autistic Children Schools.	

4. *Warehouse:*

During this period, two inventories were conducted of the Warehouse with results as follows:

Inventory of October 29, 1980:

Items in Stock — 779	
Dollar value of inventory	\$ 818,420.49
Adjustments minus	2,165.34

Adjustments plus	2,978.68
Net plus	813.33
Net adjustment of .10% plus for 10-29-80.	

Inventory of April 30, 1981:

Items in Stock — 776	
Dollar value of inventory	\$1,081,857.73
Adjustments minus	2,679.39
Adjustments plus	3,079.07
Net plus	399.68
Net adjustment of .03% plus for 4-30-81.	

STAFF DEVELOPMENT PROGRAM

The SCDMH Staff Development Program is a human service program designed to teach skills relevant to mental health and the operation of mental health facilities. It provides programs for the continuing education of departmental staff, career development needs of employees and manpower needs of the department.

The program is based on defined needs, determined from department-wide surveys, and harnesses the special talents of qualified employees, who, as instructors, share their knowledge and skill with other employees to meet those needs. Training of this specific nature is offered by no other educational system in the state.

Over 2,700 employees participated in over 120 educational workshops offered this year through Staff Development. These workshops include programs on supervisory and management skills designed to help employees work together as a more harmonious, effective team, workshops offering therapeutic learning experiences that increase knowledge and skills in delivering mental health services, and workshops for all areas of support staff designed to increase efficiency and cooperativeness essential to the operation of the department.

A series of Management Briefing Seminars were begun this year, designed for upper-level administrative personnel. This highly successful and well received series bring leaders from business, industry and government to address issues currently faced by the department.

Staff Development is also active in the department's effort to increase the number of licensed nursing personnel and in providing career paths for employees. In conjunction with Midlands TEC, employees receive tuition support to attend an LPN Program. This program coordinated by Staff Development, has allowed 20 employees per year to participate in and receive an LPN Degree through Midlands TEC while maintaining their employment and service to the department. In addition, plans are

underway to expand this program to Midland TEC's RN Program which is beginning this year.

More than ever before, Staff Development is meeting on-site training needs within Community Mental Health Centers. Selected programs in management, supervision, patient rights, legal issues in mental health, treatment planning, and others, are being provided throughout the state in an effort to reduce trainee travel cost to the department.

Staff Development also conducts formal meetings with other training personnel throughout the department in an effort to provide continuity, cooperation and initiative in the delivery of training. Through these meetings it is expected that the SCDMH will continue to have the finest training programs possible available to its employees.

PURCHASING

The loss of two employees through the 7% Reduction In Force will no doubt hurt the efficiency of Purchasing. An extra burden will be placed on this office because of the necessity of having to support General Services Section during lunch hours, vacations and sicknesses.

The Model Procurement Code did not pass in the last Legislative Session. There are a few unknowns about the code but we feel it will be an overall benefit to this office. Passing of the bill seems a certainty this session.

Several employees of the Purchasing office have taken courses and attended seminars in order to prepare themselves to get certified as Public Purchasing Officials as outlined in the State Procurement Code.

Some work has been done toward an automated system for writing purchase orders and recording purchases. We hope to accomplish this in the near future.

LICENSING SECTION

During the fiscal year there have been three Community Care Homes closed. (-21 beds.)

Two homes have changed ownership with no change in bed capacity.

Three homes have expanded their bed capacity for a total of twenty-one beds.

Eleven homes have been initially licensed during the year, with a bed capacity of eighty-five beds. (+85.)

Three homes have changed their location to better facilities.

Six Halfway Houses for the Alcoholic or Drug Addicts were closed with a bed capacity of ninety beds, due to the lack of funds.

Also, one Detoxification Center was closed with a bed capacity of twenty beds for the same reason. (-20.)

Presently there are fourteen applications for licensure as need is determined by the Department.

There are presently 144 facilities (Community Homes, Halfway Houses, Detoxification Centers, and Outpatient Counseling Services) licensed with a bed capacity of 1,159 beds.

Travel for the year has amounted to 20,922 miles.

New Rules and Regulations for the Community Homes and Alcohol Abuse Centers have been developed and passed by the Legislature.

New Regulations for the licensing of Private Psychiatric Hospitals have been developed.

Presently, Standards for Children's Residential Treatment Facilities are being formulated.

COMPUTER SERVICES BRANCH

The Computer Services Branch consists of the Systems and Programming Section and the Computer Operations Section, and handles all data processing activities for the Department.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform business applications and to gather and make available patient information.

Major projects completed during the past year were the development of: an on-line Cash Receipts Subsystem, on-line Chart of Accounts update and inquiry, an on-line Purchasing Vendor File, Employee Insurance Distribution, an on-line Personnel History System, a new Property Inventory System, a Consumables Inventory Demand Subsystem. Numerous modifications were also made to existing systems to comply with changing needs, such as Payroll System changes to enable the handling of the Deferred Compensation Plan and Credit Union Direct Deposit.

Current projects are: the design and implementation of a new on-line Purchase Order System including buying history, redesign and programming of the Patient Information System to incorporate billing and personal funds information, and redesign and implementation of a new Payroll/Personnel System.

The Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This Section operates twenty-four hours a day, seven days a week. The Computer Operations Section is responsible for all data processing equipment. The Computer System now has a memory size of 1,048,576 bytes and a disk storage capacity of 2,070 million bytes. Also, there are now thirty-seven Cathode Ray Tube Terminals attached to the System. It is expected that several more will be added during the coming year.

PERSONNEL OFFICE

Introduction

The Departmental Personnel Office is charged with the responsibility to administer and coordinate the overall Personnel function of the Department of Mental Health. All federal and state regulations are reviewed and departmental directives are constantly monitored and updated to assure that all policies and procedures are in compliance.

The Departmental Personnel Office is divided into the following operational areas:

- Employment
- Classification-Compensation
- Benefits and Services
- Employee Relations

The following reports provide summarized information on the activities in each of these operational areas.

Employment Activities

During the fiscal year 1980-81, Personnel Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Personnel Employment Operations' efforts in the Nurse recruiting area included seventeen trips to eleven different schools of Nursing in South Carolina. During the fiscal year 1980-81 a total of 117 R.N.'s and L.P.N.'s were employed by the Department. Also the Department was represented at the S. C. Student Nurses Association Annual Meeting in Columbia and the S. C. Nurses Association Bi-Annual Meeting in Columbia.

Personnel Employment Operations conducted a total of 6,536 interviews resulting in the employment of 760 people.

Personnel Employment Operations again coordinated the various disadvantaged youth programs. One hundred and eight people were employed through the city of Columbia and Richland County CETA Programs.

The system of posting the vacancy list in the facilities and in the weekly bulletins was continued. This has allowed many employees the opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Personnel Employment Operations also coordinated an extensive advertising campaign for R.N.'s and L.P.N.'s.

<i>Month</i>	<i>Initial Interviews</i>	<i>Follow Up and Referral</i>	<i>Total</i>	<i>Hired</i>
July	535	451	986	113
August	527	353	880	99
September	493	500	993	126
October	465	406	871	112
November	219	216	435	28
December	195	170	365	58
January	235	150	385	33
February	148	101	249	25
March	186	137	323	36
April	214	110	324	34
May	141	78	219	30
June	348	158	506	66
TOTAL	3,706	2,830	6,536	760

Classification-Compensation Section

During fiscal year 1980-81, the State Personnel Division continued its study of clerical classifications involving approximately 10,000 positions. In November, 1980, the Personnel Office distributed an automated position questionnaire used for this study. Approximately 435 employees completed these position questionnaires which will be read by a computer. Because of the magnitude of this study, completion of the automated position questionnaire was accomplished with the use of a video tape, which was the first time ever to conduct a study in this manner in S. C.

Seven different studies were conducted by the Personnel Office in conjunction with the Operations Unit of the State Personnel Division. These studies involved 26 different classifications.

During fiscal year 1980-81, all state agencies were mandated to reduce their personnel services by 7%, resulting in a reduction in force. Ninety-three Division of Administrative Service employees were involved in the computation of retention points covering 20 different classifications. Four hundred S. C. State Hospital employees were involved in the computation of retention points covering 41 classifications. As a result of this retention point computation and the state policy on Reduction in Force, approximately 60 employees were terminated. All employees affected by the reduction in force have certain rights for one year and it is hoped that the majority if not all of these employees can be reinstated within the year.

The state merit increase program was continued. During fiscal year 1980-81 employees eligible for merit increases were again allowed three percent for satisfactory performance, four percent for superior performance and five percent for outstanding performance. (See chart.)

The state longevity program was also continued. Classified employees who were at the maximum of their pay grade and had not received a salary increase for the past twenty-four months, other than base pay (general) increases, were eligible for a five percent longevity increase. (See chart.)

Personnel actions involving approximately 1,600 employees were prepared on departmental employees. These actions included reclassifications, promotions, transfers, etc.

MERIT INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Satisfactory</i>	<i>Superior</i>	<i>Outstanding</i>	<i>Total Number of Increases Per Facility</i>
DOAS	14	102	62	178
SCSH	353	875	221	1,449
CFSH	692	570	78	1,340
CMTHRC	48	125	57	230
MV	14	49	65	128
WSHPI	23	102	34	159
BPH	99	182	51	332
	*Total 1,243	* Total 2,005	*Total 568	*Total 3,816

* excluding Community Mental Health Services

LONGEVITY INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Total Number of Increases Per Facility</i>
DOAS	17
SCSH	23
CFSH	37
CMTHRC	3
MV	10
WSHPI	13
BPH	5
	*SCDMH Total 108

* excluding Community Mental Health Services

Personnel Services and Records Activities

Effective January 1, 1980 the department elected to participate in the State Service Award Program. These awards are presented annually in December for service milestones reached during that year.

In the Division of Administrative Services, fourteen ten-year emblems and three twenty-year emblems were awarded for 1980.

A total of 1,001 persons were terminated during the fiscal year 1980-1981. The annual rate of turnover, based on an average of 5,378

employees was 18.61%. This represents a 2.28% decrease in turnover. A detailed breakdown of the reasons for separation is shown in Chart I.

CHART I

Reasons for Separation from Employment during Fiscal Year 1980-81 (6-20-80 to 6-18-81), except Section "D" which is 7-1-80 to 6-30-81.

A. WOULD REHIRE EMPLOYEE	
1. Maternity	6
2. Returned to school	74
3 Lay off of surplus employees	2
4 Better pay, non-state	36
5. Better opportunity, non-state	41
6 Better working conditions, non-state	5
7 Going into business for self	4
11. Different job with state, different agency	20
12. Job eliminated	16
13. Moved out of job area	89
14. Military service	16
15. Other (explanation in remarks — includes RIF)	152
49. Personal, did not take another job	59
B. MIGHT NOT REHIRE EMPLOYEE	
50. Resigned voluntarily, but mediocre working results	15
51. Ill health	16
53. Excessive absence, tardiness, or discipline Problem, but resigned voluntarily	22
55. Misconduct	1
56. Violation of rules	2
59. Discontent with work	5
60. Other (explanation in remarks)	48
C. WOULD NOT REHIRE EMPLOYEE	
68. Other (explanation in remarks)	65
69. Abandonment of position	42
70. Unsatisfactory working results, but resigned voluntarily	21
71. Unsatisfactory working results, discharged	21
72. Difficulty with fellow employees, but resigned voluntarily	1
73. Difficulty with fellow employees, discharged	1
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	26
75. Excessive absence, tardiness or discipline problem	50

78. Violation of rules	43
79. Refused transfer	1
D. OTHER	
80. Deceased	6
81. Retired	64
83. Retired for disability	31
	1,001

Personnel Actions involving employee changes totaled 1,574 as follows:

Promotion	357
Reassignment	276
Transfer	120
Demotion	4
Leave Without Pay	156
(Including Maternity LWOP)	
Change in Name	92
Change in Hours	34
Salary Adjustment	13
Extension of Probationary Period	27
Reclassification	142
Position Status Change	93
Reinstatement	10
Return from Leave Without Pay	177
(Including Maternity LWOP)	
Miscellaneous	73
Total	1,574

A total of 2,680 insurance applications were processed during the fiscal year and are as follows:

PILOT LIFE GROUP INSURANCE:

Basic Life

New enrollments	8
Revisions	3
Cancellations	0

State Service Life

New enrollments	16
Revisions	176
Cancellations	3

Hospital Indemnity Plan

New enrollments	1
Revisions	2
Cancellations	1

A & S (Salary Continuation)

Plan was discontinued

LIBERTY LIFE:

Survivor Monthly Income Plan

New enrollments	7
Revisions	1
Cancellations	2

BLUE CROSS BLUE SHIELD:

Blue Cross-Blue Shield Hospitalization

New enrollments	768
Revisions	624
Cancellations	1,068
TOTAL	2,680

Employee Relations

The departmental Employee Relations Manager held 237 individual counseling sessions which involved 69 employees. In addition to individual counseling, there were several group meetings with employees, their supervisors and other facility officials. There were eighteen meetings held with representatives from other state agencies concerning complaints filed by employees of the SCDMH with these state agencies.

There were meetings held each month by the departmental Employee Relations Manager with Facility Personnel Representatives to discuss new and/or changes to existing departmental policies; fund raising, membership in the S. C. State Employee's Association, and other campaigns sanctioned by the Department; mutual employee relations functions and specific individual facility employee relations problems areas. On occasions, representatives from the departmental Staff Development Section and the departmental Personnel Office were invited to these meetings to impart knowledge on current issues within their areas of expertise. These meetings were rotated from one facility to another each month in order that each Facility Personnel Representative might gain first hand knowledge of some of the activities that take place within the Department outside of his/her own facility.

During the fiscal year, there were fifty-six step one, thirty-nine step two and twenty-seven step three grievances held within the department. There were eight step three decisions that were appealed to and

heard by the State Employee Grievance Committee and there were four step three decisions that were appealed to the State Employee Grievance Committee wherein hearings were denied. There were three step three decisions that were appealed to the State Employee Grievance Committee and were resolved by negotiated settlement without a hearing.

The SCDMH conducted the annual United Way Campaign during the months of September and October 1980. A goal of \$32,293.00 was assigned to the Department (10% more than the amount contributed last year). A total of \$29,104.78 was contributed during this campaign for 90.13% of the assigned goal.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March, April, and May 1981. Employees of the SCDMH contributed \$10,828.42 to this very worthy cause.

The Governor of S. C. re-appointed the departmental Employee Relations Manager, along with three other state employees from other state agencies, as advisors to the Annual Good Health Appeal Coordinating Committee for the purpose of advising the committee on organizing the campaign, overseeing the operations of the campaign, and insuring the equitable distribution of funds raised.

OFFICE OF PUBLIC SAFETY

During this last fiscal year, the Office of Public Safety has acquired an Investigator's position that was very much needed. As a result, this office has been involved in a number of investigations on the departmental level, as well as assisting in various investigations at some of the facilities. These investigations have ranged from petit larceny, disorderly conduct, patient abuse, sexual relations with a mental patient, sexual harassment on the job, grand larceny, and falsification of medical records. All background police checks for the Personnel Office are being conducted by this office.

A number of Campus Police Officers have been hired at the various facilities and all new officers are processed with the Criminal Justice Academy by the Office of Public Safety. All new officers must be certified after successfully completing the Basic Recruit Classes at the Academy. In addition, a number of specialized courses, such as Photography, Fingerprinting, Investigations, In-Service and Communications were attended by experienced officers.

The number of vehicles owned by the Department increased from 263 to 272 last year. The number of traffic accidents that occurred involving Department vehicles was 37. In five of those, both vehicles were owned by the Department. The major causes of these accidents were improper backing, 22 violations; improper passing, 4; following too close, 1; speeding, 1; and reckless driving, 1. S. C. State Hospital had 15 acci-

dents, Crafts-Farrow State Hospital 8, CMTHRC 5, CAMHC 2, CMHS 2, Bryan Psychiatric Hospital 2, Greenville MHC 1, DOAS 1, and Morris Village 1.

Of these accidents \$3,141.55 damages to the Department's vehicles were reported. This is not a complete total since some facilities did not report estimates or actual cost to repair their vehicles. There was a total of \$6,567.75 collected from insurance companies to cover damages caused by others to vehicles in 10 accidents. Also, a total of \$840.00 was collected from insurance companies in two accident cases for property damage (fence and roof top).

There was a total of 1,445 employee injuries reported, which require extreme follow-up for lost time from work, medical reports, etc. Of these accidents, 273 involved lost time for a total of 2,723 lost workdays that were reported on the OSHA (Occupational Safety & Health Act) Logs to the U. S. Department of Labor. A number of hearings were held by the State Industrial Commission to determine benefits to be paid. These were attended by a representative of this office.

FRIENDSHIP CENTER ANNUAL REPORT

Friendship Center celebrated its 20th Anniversary this year with a community wide commemoration. Awards were presented to the Center from the United Way of the Midlands and the South Carolina Department of Mental Health in recognition of twenty years of service to the mentally ill living in the Columbia area. The Center offers social rehabilitation and community support to adults and young people (15 and older) who have had mental or emotional illness. The Center is presently serving approximately 650 different individuals a year and has an average attendance of 1,500 a month. The budget for calendar year 1981 is \$65,979 and proposed for 1982 is a budget of \$72,221. The Center also provides socializing experiences for the COIL residents, and assists in their community adjustment.

The Center is open everyday and every evening of the year and is located in the same facility with COIL, 1135 Carter Street. The staff includes the Executive Director, Program Coordinator, part-time Secretary, and nine part-time Group Leaders who work in the evenings and on the weekends. The hours of service have been expanded to include Sunday afternoon by virtue of a donation from Trinity Episcopal Cathedral.

The program consists of a wide range of educational and recreational activities such as cooking classes, swimming lessons, weekly self-motivation sessions, crafts, parties and dances and community excursions.

RECORDS MANAGEMENT

The microfilm section has filmed over 600 cartridges of film this year eliminating over 600 cubic feet of hard copy record while creating over 600 cubic feet of additional file space. Several projects began this year and includes filming cancelled checks for the Department's Finance Section, the locator at S. C. State Hospital, which is to be distributed to all facilities of the Department of Mental Health, and over 600 cartridges of old film at S. C. State Hospital containing medical records will be duplicated in order to produce security copies to be stored at the Department of Archives and History. These projects are expected to be completed by September of 1981.

INTERSTATE TRANSFERS

S. C. still maintains a 2 to 1 ratio in transferring patients to other states over receiving patients. In addition, the Interstate Transfer Coordinator has referred a number of patients to other Mental Health and Mental Retardation facilities in S. C.

SOUTH CAROLINA STATE HOSPITAL

Many of the goals established for FY '81 were attained. Primary in achievement was the closing of the Babcock Building to residential use. This required the cooperation and hard work of many staff and contributed to improved safety for hospital residents. Additional accomplishments were the installation and successful reopening of our Radiology Department, the strengthening of our Quality Assurance Program, the development of an effective treatment planning methodology, and the correction of many of our major life safety deficiencies. An accomplishment in which we take special pride is the accreditation of the Laboratory in the Byrnes Clinical Center by the College of American Pathologists. This accreditation is only achieved by laboratories practicing under the highest standards of efficiency and quality control.

There have been accomplishments; however, there were very discouraging setbacks during the fiscal year. Although the JCAH survey conducted in October 1980, reflected great progress, the final result was one-year accreditation rather than the maximum two-year decision. It will be necessary for the hospital to undergo an additional survey in October 1981. The greatest disappointment came as a result of budget cuts which necessitated the reduction in hospital staff of 192 positions. This had a severe impact upon the effective operation of the facility and we have experienced many challenges in attempting to provide accept-

able services with fewer employees. A discouragement of major proportions has been the delay and total lack of progress in the construction of replacement buildings as provided for in the Department of Mental Health Permanent Improvement Plan. Modern facilities are urgently needed to replace antiquated, deteriorating patient care facilities.

Goals for Fiscal Year '81-'82

A. Construction of New Facility

Planning and development for the new facility came to a stop in the Fall of 1980 due to delays in the approval process. Our major objective for the coming fiscal year is to set this project in motion once again and obtain a firm completion date.

B. Accommodation of Reduction in Force

Due to the reduction in force which took place on June 18, 1981 some services are not adequately staffed to perform vital hospital functions. A particular concern for fiscal year '81-'82 will be to seek some method of restoring adequate housekeeping services within patient care buildings.

C. Patient Records

A new recordkeeping system was planned for FY '80-'81, however, delays were experienced in delivery of new charts and the new system was not implemented during this period. A goal for FY '81-'82 is to fully implement a new system and replace the present medical folder.

D. Hospital Staff Resources

With the aforementioned reduction in force it will be vitally necessary to obtain maximum productivity and effectiveness with the hospital staff remaining. Intensive evaluation of all our operating procedures and functions will be conducted to identify areas which may be streamlined and services which may be discontinued without substantially disrupting the accomplishment of our mission.

E. Accreditation

The Joint Commission on Accreditation of Hospitals will survey in October of 1981. Every effort will be made to obtain a two-year accreditation decision.

F. Canteen Operation

Negotiations began in FY '81 for the transfer of Canteen operational responsibility to the Commission for the Blind. Our goal in FY '82 is to refurbish the present building and turn its operation over to

disabled contractors. This should result in a savings in personnel and expense as well as more flexibility of operations.

G. *Overcrowding of Patient Buildings*

Overcrowding has been a very serious problem in FY '81. We plan to alleviate this problem somewhat in FY '82 through the following measures:

1. Execution of an agreement negotiated with the William S. Hall Psychiatric Institute whereby 23 of that facility's beds would be utilized for the transfer of a like number of patients from the S. C. State Hospital.
2. Completion of negotiations with the S. C. Department of Health and Environmental Control for the possible utilization of beds in that agency.

H. *Primary Prevention*

Employees participated in groups designed to inform administrators of problems employees are experiencing, with the goal of finding solutions to existing problems. South Carolina State Hospital employees participated in a "Health Hazard Appraisal" which identified potential health problems and suggested life-style changes to help the employee avoid physical/emotional illness.

In FY '82 the humanization responsibilities will be dropped from the committee's duties and humanization will become a separate committee. Primary Prevention is planning a cooperative project with the hospital's Education and Training service. This project, The Wellness Program, will include workshops and activities for employees. The four components of the project include 1) fitness, 2) stress management, 3) Nutrition and 4) Health screenings. This is a long term project for the year and will be evaluated approximately a year after implementation.

I. *Outpatient Forensic Evaluations*

It is our goal to develop and implement a program for the determination of capacity to stand trial on an outpatient basis for the counties of Lexington, Richland and Fairfield during the fiscal year 81-82. This procedure would only involve those patients accused of nonviolent crimes. Our plan is to have these persons accused of crimes brought to the South Carolina State Hospital to be evaluated by a specially trained interdisciplinary team. Those patients who require hospitalization or additional testing will be admitted for observation and/or treatment.

Our objective in this program is to reduce admissions for capacity to stand trial by 50% from these 3 counties. This will result in significant savings in hospital resources.

UNIT I

Our thrust has been toward responsible de-institutionalization of our patient population, with greater need to utilize community care placement settings. Our over-all activity included 792 admissions and 764 discharges, with 79 of that number representing community care placements.

We have continued our collaborative network with our corresponding mental health centers/clinics and key community agencies to facilitate support services for our returning patients.

We collected data over a period of two months as part of a survey in one of our geographical community areas to assess need for a transitional care facility.

Our Family Planning Program for female patients was initiated in May, with eight hours of preliminary training for participating staff. This encompasses education, contraceptive referrals for patients and consultation for treatment teams.

Although we have not been able to reactivate our informational and referral program for substance abusers, we have been able to share in identifying appropriate patients for participation in an off-campus AA program.

In collaboration with the current director of Morris Village, our service presented a three hour workshop designed to examine relevant issues around proper referral of the Substance Abuser.

Our goals for the next fiscal year will include continued emphasis on de-institutionalization of appropriate patients as well as developing the format we now have for a training manual for our staff. We are also considering devising a program to utilize family support for those patients returning to the community but not necessarily to their families. Plans are being made for a joint program with key personnel from the Beckman Center for Mental Health Services and our Unit/Hospital to be held at the hospital this fall.

An area of emphasis has been the initiation and updating of new individual treatment plans for all patients. As part of this process, each record was reviewed in detail to gather data pertinent for a complete, concise assessment statement for each patient.

As a result of funding termination, all ward behavior modification programs were phased out. All staff members have been involved in efforts to compensate for the loss of these programs through the development of new small group treatments and activities. While these efforts have been successful in some instances, the absence of primary reinforcement programs has been acutely felt, particularly in ward areas serving chronic regressed patients.

UNIT II

The stated goals for Unit II last were twenty-one. Seven of these goals were not fully achieved because of unforeseen difficulties.

The following goals were achieved:

1. Quality Assurance was improved.
2. Communication between all disciplines in Unit II and between Unit and other Units concerning improvement of patient's treatment programs was achieved.
3. Assessment process of newly admitted patients and quality of assessment are at the highest level.
4. Plexiglas screens in the nursing station counters were installed on Ward 118 and Ward 120 in May of 1981.
5. Successful negotiations between Units resolved children placement problems on adult wards.
6. Participation of employees in staff development programs as well as continuing medical education programs were attended as scheduled 100%.
7. Liaison services between Unit II and mental health centers' psychiatric services were aiming at continuation of patients' care after discharge.
8. Improvements related to patients' physical environment were achieved through the resourceful work of Engineering Department.

The following goals were not achieved:

1. Behavior modification programs did not improve because of shifting patients to other wards and units as well as receiving from other Units regressed long-term patients.
2. Severely mentally retarded patients still remain on admissions wards as well as on other wards due to lack of vacancies in institutions for mentally retarded.
3. Unit II nursing department did not have nursing director. A new nursing director was appointed in May of 1981. Three key registered nurses retired June 30, 1981, and were not replaced.
4. Congestion of patients on existing Unit II wards as of July 1, 1980, was not resolved. It was necessary for Unit II to give 193 beds to Unit I as of August 5, 1980. Unit II was left with 275 beds. Beds were added up to 315. In spite of increase of bed capacity above accreditation norms, shortage of beds is still evident.
5. Plan to staff Unit II with nine physicians never materialized. Present seven physicians/psychiatrists including Unit Director

are sharing workload at the maximum capacity. Each physician participates in treatment team on admission ward and participates in treatment team on his assigned ward. Number of patients and quality assurance of care increased the large amount of paper work.

Goals for next year:

1. Continuation and further improvement of achievements of last year.
2. Quality assurance and assessment processes will be further materialized.
3. Any effort of helping understand Unit II's needs by hospital administration will be done through combined process of all disciplines heads and Unit II Director.
4. The catastrophic shortage of beds which creates a dangerous situation on the wards will have to be resolved by leadership of this hospital with assistance of state level officials.
5. Increased number of nursing personnel is necessary.

Needs for year 1981-1982:

1. Increase nursing staff at least to compensate for fifty personnel members transferred to other Units; five retirees; and eleven resignations.
2. Need escort service for escorting patients to Probate Court. At present escorting patients is stripping our wards from necessary personnel services.
3. Increase psychological staff members because one year ago we had fourteen staff members and at the present time, we have seven staff members.
4. Replace losses in social services. One year ago we had twelve staff members and at present time, we have nine.
5. Activity Therapy lost four staff members (two were transferred to other Units and two retirees).
6. Unit II needs two physicians/psychiatrists because admissions' male service and admissions' female service have no full-time coverage. All this past year Ward 118 and Ward 120 were covered by rotation.
7. Request for refrigerator for storing juices for Ward 120 in the Williams Building.
8. Repainting inside of Trezevant Building.
9. Replacement of worn furniture in day room of Ward 142 in the Gibbes Building.
10. Increase funds for patients' rehabilitation and training program.
11. Child and Adolescent Unit nursing service should be eliminated from Unit II's responsibilities. Children's Unit nursing staff is

already separated, but yet the PM and night shifts are requiring many services from Unit II Nursing.

UNIT III

The Social Work Service Staff have experienced a number of changes over the past fiscal year. These changes involved the assignment of a new service chief; exchange assignments of two other workers; the loss of two staff members by resignation and the loss of two others in the RIF. Also, there has been a change in the assignment of caseloads. Rather than assignment by geographical catchment areas, workers are now assigned by wards as are staff of other disciplines. This change was made to expedite the development of more cohesive, efficient and effective Treatment Team involvement.

The Psychology Department program evaluation indicates Token Economy programs are very effective with low level functioning and regressed patients. Unfortunately, due to budget cut, we cannot continue the Token Economy programs next year. Group and individual psychotherapy have been more effective with higher level functioning patients. Approximately 90 patients in 10 groups participated in group therapies each week. Goals for the next year include: to continue to evaluate our ward programs and Treatment Plans according to JCAH Standards every month, to expand 2 more group psychotherapy sessions per week for court patients as well as high level functioning patients.

Unit III has a total of 197 nursing employees. The major goal is to provide quality patient care. To accomplish this the employee is given a thorough orientation. The employee is provided nursing supervision, on-the-job training, continuing education through Nursing Education, and encouragement to attend all appropriate workshops. The Unit Individual Case Review and the S. C. State Hospital Medical Records Audit function as the evaluation tool for our service.

In achieving their goals, the Vocational Rehabilitation Service completed and utilized the "Vocational Status Assessment" on all patients referred for services. The rehabilitation programs were evaluated and improvements were made in the format of the "Psychometric-Vocational Evaluation" report; the curriculums for the Home Economics and Personal/Social Programs were written in objective criteria; a new patient housekeeping work assignment was created. The Inservice Training Program was initiated; the staff attended twelve training sessions. There was a general decrease in the total Unit III referrals to Vocational Rehabilitation. The decrease was a result of a more chronic patient population with fewer patients having the potential for vocational involvement. Goals for 1981-82 are: to maintain the same level of program activity as measured by actual data. Combine the Home Economics and Personal and Social Training programs as measured by

the creation of one program. Improve the quality of casework and documentation as measured by routine audits.

The Activity Therapy department in Unit III offers our patients a specialized form of treatment by use of various activities. We focus on the total patient in structural groups (O.T. and Music), ward activities, community trips, special programs and events. During the past fiscal year, 25,659 patients were involved in ward activities, for a total of 3,008.5 hours, 571 patients were involved in community trips. Recreational Therapy Referral groups involved 326 patients for a total of 1,553 hours. Music Therapy referral groups involved 155 patients for a total of 406 hours. We are also providing recreational therapy on the Forensic Unit. The Activity Therapy Department goals for the next fiscal year include: to expand special groups, i.e., arts and crafts, woodworking, good grooming; to identify problem areas in Forensic Unit and provide needed services.

UNIT IV

Unit IV has continued to have three female wards and five male wards located in the Saunders and Allan Buildings. Clarendon, Sumter, Kershaw and Lee Counties have been added to the Unit IV catchment area during this past fiscal year. There are also approximately thirty-four patients assigned to Unit IV who are not from these catchment areas.

Social Services in Unit IV achieved their goals set last year by increasing the efficiency of programs as measured by a 50% reduction in the number of errors reported by audit and development of stronger discharge plans, as indicated by a total of one hundred ninety-six discharges over the past year, and only forty-six readmissions from the catchment area. There have been twenty-six patients discharged to alternate care and only two have returned. Random checking of social work records has contributed to the overall efficiency of the staff. Goals for fiscal year 1981-82 are to improve recording, and this will be measured by comparing social work recording with JCAH standards, and establishing social work priorities as effected by a reduction in staff.

Activity Therapy, Unit IV, achieved their overall programming goal of encouraging the patients to have as much input and assume as much responsibility as possible in the planning, implementation, and evaluation of activities. This was achieved through weekly Ward Government meetings. Due to the number of patients without personal funds and budget cutbacks affecting funds available for patient use, the Unit IV Activity Therapy Department will attempt to provide more individual money-making projects, (such as arts and crafts projects, etc.), and group fund raising events, (i.e., car washes, sausage biscuit sales, etc.), for those patients who are without personal funds. This will be the Unit IV Activity Therapy goal for fiscal year 1981-82.

Chaplaincy for Unit IV achieved their goals set last year in that two Substance Abuse Learning Groups have been functioning on a regular basis. One is held weekly on Ward 186 (for male patients from both Wards 186 and 188), and the other held weekly in the Chaplain's Office, Allan Building, for males on both Wards 190 and 194. The goal for the next fiscal year is to take patients, both male and female, with alcoholic and/or drug problems to weekly meetings of local Alcoholic Anonymous groups. This is to be a hospital-wide undertaking and is to be supervised by a chaplain in cooperation with the other chaplains and the Activity Therapy Department. The objective in doing this is to render immediate help to these patients, as well as to help them understand the purpose of AA, and thus want to attend AA meetings when they are returned to their local communities.

Psychology in Unit IV accomplished its objective for the 1980-81 fiscal year by establishing meaningful goals on the treatment plan. The goal of Unit IV Psychology for fiscal year 1981-82 is to implement a central index file for psychological reports, which will provide a continually updated record for all psychological assessments in the Unit, including tests administered, diagnostic impression, hospital number, and other relevant data.

Nursing Service in Unit IV achieved their goals set last year in that Unit nursing employees have been privileged in the following therapies, and are presently involved in conducting groups in: Ward Art, Reality Orientation, Good Grooming. As the nursing goal for fiscal year 1981-82, nursing plans to standardize ward organization and routines for nursing tasks on all Unit IV wards so that employees moving from ward to ward will be able to assume full responsibility for duties with a minimum of orientation. The method which will be used to accomplish this goal will be a committee of nurses who will make recommendations which will be approved by the total nursing staff and then implemented. It is hoped that this will also provide an efficient and effective way to maintain accountability for all assignments and referrals.

The Nutritionist achieved goals set forth in last year's annual report. This is evidenced by documentation in the medical record that diet instructions were given by the nutritionist when ordered by the physician upon discharge. There were no diabetic patients in Unit IV that were receiving the HCF diabetic diet. Goals for next year are to decrease the consumption of simple carbohydrates by the patients. The method used to achieve this goal will be by making changes in the present menu decreasing simple carbohydrates. The second goal is to revise present diet manuals on the date of revision, and the third goal is to educate diabetic patients for better compliance on diet, by monitoring lab values and urinalysis of diabetic patients.

Vocational Rehabilitation achieved their goals set last year by completing and utilizing the "Vocational Status Assessment" on all patients referred for services. The rehabilitation programs were evaluated and improvements were made in the format of the "Psychometric-Vocational Evaluation" reports; the curriculums for the Home Economics and Personal/Social Programs were written in objective criteria; a new patient housekeeping work assignment was created. The Inservice Training Program was initiated; the staff attended twelve training sessions. There was a general decrease in the total referrals to Vocational Rehabilitation. The decrease was a result of a more chronic patient population with fewer patients having the potential for vocational involvement. Forty patients were referred for services. Seventeen completed the Vocational Evaluation process, eleven participated in Home Economics; fourteen were enrolled in Personal and Social Adjustment Training; twenty-five were referred to community V.R. programs; and fifty-six were placed on a hospital work assignment. Goals for Unit IV Vocational Rehabilitation for the coming fiscal year 1981-82 are: to maintain the same level of program activity as measured by actual data; to combine the Home Economics and Personal and Social Training Programs as measured by the creation of one program; to improve the quality of casework and documentation as measured by routine audits.

CHILD/ADOLESCENT UNIT

Several of fiscal year '79-'80 goals were met in all areas. The following physical plant changes were made: a visitation room was provided, fixtures in the classrooms were completed, and a one-way mirror installed. Patient rights procedures have been initiated such that each resident was informed of their rights upon entry into the program. Family therapy sessions have increased by 200%. Procedures regarding Family Court cases have been formalized and disseminated to the Family Court Judges.

New Unit goals continue in the same vein as before. Clarification of patient rights for children as opposed to adults needs to be made. Provision of more structured weekend and holiday activities is sorely needed. Also, provision of substitute teachers is of pressing importance due to staff cutbacks, especially the loss of a teacher's position.

COURT UNIT

The Forensic Psychiatry Unit of S. C. State Hospital continues to have an increased number of admissions each year. In FY 1980-81, there were 820 admissions compared to 722 admissions in FY '79-'80 and 666 in FY '78-'79. The increase in admissions is due in part to a S. C. Supreme Court ruling overturning the conviction of Charles Blair for

murder because a competency hearing was not held prior to trial. Additional nursing personnel have been assigned to the Court Unit so that patients on Ward 176 are now out of their rooms for longer periods of time. On several occasions during FY '80-'81, there was a problem with overcrowding due to a large influx of admissions. A third psychiatrist has been recruited and it is anticipated that the Pilot Project for screening admissions shall be put into effect during this FY. Attempts are being made to recruit a fourth psychiatrist for the Court Unit and, if this is successful, proposals shall be made that state-wide screening take place. It is anticipated that this measure could significantly reduce the number of admissions with a saving of expenditures which would more than justify the additional physician.

MEDICAL-SURGICAL SERVICE

I. Goals yet for this fiscal year which were achieved.

A. Quality Assurance Program

This program has been established and is functioning in an excellent manner. Problems are being identified and solved in all sectors of the Medical-Surgical Service.

B. Cathode Ray Tube Utilization

The diagnostic code program was initiated. The expanded use of this instrument has markedly improved the efficiency of the handling of Byrnes Clinical Center patient records.

C. Reestablishment of the diagnostic procedures in the X-Ray Department has followed installation of the new equipment. Film quality has shown a great improvement.

D. Superior patient care and improvement in clinical records have been evident as determined through audit, case review, peer review and PSRO investigation.

E. The Clinical Laboratory was accredited by College of American Pathologists.

II. Goals set for this fiscal year which were not achieved.

A. Computerized electrocardiographic program was not established due to prolonged investigation of the various systems and their relative value to our services.

B. An Escort Service could not be established because of the unavailability of personnel and the overall reduction of employees in the S. C. Department of Mental Health.

C. The following items could not be obtained due to a lack of funds for purchase:

1. Century tubs for Wards 228 and 328.

2. Commodes for handicapped patients on each wing of each patient floor.

3. Twenty-five sturdy Hi-Lo Beds to accommodate traction equipment.
4. Phlebotomists.
5. Microfilming equipment in Records Department.
6. Chemistry Laboratory Equipment to replace antiquated and worn out existing instruments.
7. Recruit additional personnel for the understaffed nursing and physician services.

III. Goals for Fiscal Year 1981-82.

- A. Attempt to reach goals 1 through 7 under Section II as stated above which were not attained in past year.
- B. Obtain two year accreditation by the Joint Commission on Accreditation of Hospitals through complying with the required standards of that organization and having an active well functioning Quality Assurance Program.
- C. Reestablish the EENT Outpatient Clinic. Due to the retirement of Dr. George Laub, it will be necessary to obtain the services of an Ophthalmologist and an Ear, Nose and Throat Specialist to replace him in the clinic.
- D. Set up acute care wards on medical and surgical services.

CAMPUS POLICE DIVISION

During Fiscal Year '80-'81, the Campus Police Division has met or is progressively implementing all of the goals set during the previous year. Of greatest significance to the Campus Police Division and the hospital as related to Security, was the implementation of a pilot project whereby four Security Officers (noncommissioned) were hired. These new officers are directly assigned to a given area (Unit III and Unit IV), and provide security coverage from 2:00 P.M. to 6:00 A.M., hours the hospital is less staffed. Each new officer received 40 hours of instructions at SLED in addition to extensive inservice training by the Campus Police Division and the Safety Coordinator. Their general duties include foot patrol of the grounds and wards as assigned, escorting the nursing supervisors at night while making routine rounds of the wards, conducting preliminary investigations, assisting in ward searches, making inspections of the ward area to ensure that all fire and safety policies are enforced, quarterly fire drills and safety lectures and assisting Nursing Service in controlling unmanageable patients. Since implementation these officers have thwarted several LWP attempts, reduced the response time on call for assistance and relieved the Patrol Division of handling the same, thus increasing patrol time for the entire campus.

Six newly hired officers attended a Basic Police Training and Weapon Qualification course at SLED. Two officers completed the two-week

Detective Class, two officers completed an Inservice Seminar, one Sergeant completed a two-week Crime Prevention Supervisors' Seminar, one officer attended a two-week seminar on Fingerprint and Classification of Fingerprints, and two Dispatchers completed a course in Radio Communications. We congratulate three officers who completed the 12-week Basic Law Enforcement Recruit Course and two newly hired officers who received recertification as Police Officers. All the above classes and seminars were given by the South Carolina Criminal Justice Academy. In addition, two officers attended an Advanced Supervisor Class and three officers a First Aid Renewal Class at Department of Mental Health. On campus, eleven officers attended a class on Stress and Burnout, and eleven officers attended a class on Fire Drills with emphasis on the use of fire extinguishers and evacuation of personnel. Two officers attended a class designed for Timekeepers and all Sergeants attended a course on Instruction on Performance Evaluation.

The Campus Police Division still met with a marked increase in non-police-related calls. The Division handled 264 stretcher van calls, 10,910 calls for transporting non-court patients, 553 out of town trips (of these 200 were for non-court patients). The Division received 936 complaints requiring investigative reports. The Investigation Section noted an increase in the number of patient abuse complaints for investigation. The Patrol Division responded to a total of 26,410 calls for assistance, traveling 239,576 miles. The Division made 24 criminal arrests to include the arrest of six patients.

The primary goals for Fiscal Year '81-'82 are: 1) expansion of the Security Program by employing additional Security personnel to patrol other geographical areas of the hospital; 2) an increase in the number of contraband detection searches of persons and vehicles entering and leaving campus; 3) purchasing of audio warning devices for each patrol vehicle; 4) purchasing mobile communication equipment for a newly acquired vehicle; 5) replacement of all high mileage patrol vehicles; and 6) continue to give quality service to the people we serve.

ENGINEERING

Our goal of improving administrative procedures particularly Personnel and Purchasing was reached by reorganization of our staff. The results are an improved interface with other disciplines and a better flow of documents.

Although there will be a need to continually monitor and update our inservice training program, we are proud of our initial start in this area.

Two requirements imposed by JCAH have been met — installation of a fire sprinkler system in a portion of Blanding Building and the installation of alarms indicating when fire sprinkler valves are in the closed position.

Several improvements that are noteworthy include the replastering and general improvements of lighting in the BCC Operation Suite; and reworking of the third floor of Babcock to accommodate Inservice Training activities. In addition a number of small repairs were made in many buildings in our continuing effort to meet fire safety requirements. Routine maintenance continues and, of course, constitutes the larger volume of our work.

Efforts to resolve critical problems in our Steam Generating Plant and steam distribution system, although not complete, are progressing at a satisfactory rate. This is reflected in the fact that bids for a new Energy Plant and steam and chilled water distribution system will be opened in July 1981. Construction of the Plant and distribution system is expected to begin immediately after bids are taken and financing is secured.

Installation of appropriate doors on the first floor of BCC to satisfy JCAH requirements was planned for last year. Although this task is not complete, materials are on hand and it is fully expected that the November 1981 deadline will be met.

Specific plans for the Fiscal Year '81-'82 include completion of work in BCC to meet JCAH requirements; completion of the renovation at the Canteen, and upgrading of the Campus Public Address System. In general, however, our primary efforts will continue to be exerted on maintenance of all aspects of the buildings and grounds, providing pest control services and providing transportation services on an as needed basis.

FIRE AND SAFETY ANNUAL REPORT

Ten fires occurred during the fiscal year with a total damage of \$9,202.98.

Practice fire drills were held in each ward during the morning and afternoon shifts every three months for a total of two hundred seventy-three drills. The night drills consisted of 134 discussions with night employees on procedures to be followed by all personnel discovering a fire. All practice drills and discussions came to a total of four hundred and seven. All areas were inspected at least monthly for fire and safety hazards.

Sprinkler bells were tested each month and those found not to be in good working order were reported to Engineering for repair. The sprinkler systems were also flushed at the test valves every three months.

All of the standpipes and fire hydrants were flushed every three months.

The carbon dioxide fire extinguishers were weighed twice during the year (August 1980 and February 1981). All fire extinguishers (carbon

dioxide, dry chemical, and water pressurized) were checked on each monthly inspection.

Four hundred forty-five employees attended the 22 orientations on the Fire Safety Procedures. Two films, "Code 1001" and "Prognosis-Safety" were viewed.

FOOD SERVICE

The Food Service Division endeavors to prepare and serve wholesome, attractive foods to patients and employees and to maintain good nutritional status for patients on regular and modified diets.

The Nutritionists function in assisting with developing and evaluating food service for patients and personnel by providing nutrition counseling for patients and patients' families, and in coordinating nutritional aspects of the patient's care via the medical record and treatment teams. The Nutritionist also acts as liaison between the Unit Medical Staff and Food Service.

Accomplishments in Food Service.

1. The dining room in the Babcock Building was closed and the patients were transferred to the Williams Building dining room.
2. A ten-week cycle menu was completed to include a greater variety of food items and was carried through the modified diet menus to facilitate more effective ordering of food.
3. A new tray system for modified diet was implemented to insure that the food is served at the proper temperature.
4. One Nutritionist completed traineeship for eligibility for American Diabetic Association membership.
5. The Nutritionists participated in the following continuing education program:
 - A. S. C. Dietetics Association Spring Meeting and S. C. Nutrition Council Annual Meeting both held on June 18 & 19, 1981.
 - B. Nutrition Update-Vegetarianism, University of N. C. School of Public Health held on May 26 & 27 & 28, 1981.
 - C. Nutrition and Behavior held on March 19 & 20, 1981.
 - D. Modern Concepts in Diabetes, July 23, 1980.
 - E. Roll of Nutrition in Changing Life Styles held on August 14, 1980.
 - F. Medical Charting held on August 26, 1980.
 - G. Nutrition for the Developmentally Disabled held on August 29 & 30, 1980.
6. Participation in S. C. State Hospital inservice program on "Diabetes."
7. A cooperative effort was made to effect changes in the menu from suggestions made by patients at the PAC meeting and as a result of the Food Acceptance Survey.

Goals for Fiscal Year 1981-82

1. The diet manual is to be revised to reflect current trends in nutrition.
2. The Food Acceptance Survey is to be offered and an effort made to incorporate suggestions made through the survey.
3. To decrease the consumption of simple carbohydrates by patients and staff by revision of the menus.
4. Nutrition staff to become more involved in inservice education for other disciplines by conducting one workshop in coordination of services by focusing on appropriate utilization of nutrition services, and by conducting two workshops on nutrition as it relates to disease.
5. Attending continuing education programs offered by both S. C. State Hospital and other agencies to keep abreast of advances in the field of nutrition.
6. Maintain nutritional staff of at least four Nutritionists.

HOUSEKEEPING DEPARTMENT

We have felt a tremendous blow from the reduction in force plan which became effective in June 18, 1981.

Since losing 75 employees from the Housekeeping Department, it is highly impossible for us to perform many of the tasks previously performed by this department. We must get more and better cooperation from Nursing Service if we are to make our present staffing plan work.

During the year 1980-81, all of our employees have attended three or more inservice workshops, which have been very beneficial to both them as well as the department. Several of the supervisors have attended off-ground seminars.

REGISTRAR DIVISION

I. GOALS FOR YEAR

- A. Revised Record System
- B. Program for Inservice Education
- C. Admission by Appointment
- D. Microfilm of Retired Psychiatric and Medical-Surgical Records
- E. Quality Assurance
- F. Risk Management

II. OBJECTIVES

- A. Revised Record System
 1. Replace current record with a modified polyethylene type chart which is top opening notebook.
 2. Simplify the filing in the ward record through addition of the dividers.

- B. Program for Inservice Education
 - 1. Require all employees to have a minimum of credit hours per year of inservice/continuing education.
 - 2. Utilize staff to conduct training programs in accordance with PGD guidelines and supervision.
- C. Admissions by Appointment
 - 1. Due to reduction of staff and potential further reductions, admissions should be scheduled between 8:30 A. M. and 4:30 P. M. Mondays through Fridays, excluding State observed holidays.
 - 2. Schedule admissions at thirty minute intervals.
 - 3. Elimination of crowds and waiting in the admissions office.
 - 4. Systematic scheduling and processing could afford elimination of staff and promote harmony among all involved.
- D. Microfilm of Retired Psychiatric and Medical-Surgical Records
 - 1. Become current with microfilming of psychiatric and medical-surgical charts.
 - 2. Remicrofilm all charts (1959-1964) stored with the Department of Archives.
 - 3. Overall resulting in reduction of space used by records being better utilized for other purposes.
- E. Quality Assurance
 - 1. Develop criteria for each section which focuses on quality appearance, accuracy, and volume.
 - 2. Conduct surveys to determine level of staff functioning from audits utilizing criteria.
 - 3. Make corrections, changes, or take appropriate action to resolve problems discovered from audits.
- F. Risk Management
 - 1. Formulate a risk management plan.
 - 2. Promote safety in all facets throughout the office.

GOALS AND OBJECTIVES (FY '80-'81)

Accomplishments of Goals During FY '80-'81.

Revised Record System: The modified polyethylene records were purchased but have not been delivered. The cabinets for storing of the new records were installed on each ward, in preparation for the conversion. All multiple ward records were retired to the record room for storage and only the current ward record pertinent to the patient's treatment was retained on the ward.

Inservice Education Program: The inservice education was very successful among staff and participation by staff was well above the average. The sessions on medical terminology were the most popular sessions.

Certificates were presented to those staff members who attended ten (10) or more sessions.

Microfilming of Records: While records have been prepared in adequate volume there is a log with the volume being processed by the Department of Mental Health. Presently, the floor space occupied by records of discharged patients has been reduced by more than 50%. If the microfilming process were more expeditious, the present space could be reduced by another 50% which could be accomplished before the end of FY '81-'82.

Utilization Review: While a new UR plan was adopted the committee functioning has not encompassed all aspects of UR responsibilities even though a new UR plan was adopted. Progress has been made and is continuing to transform the committee into a working committee.

Conversions of Diagnosis(es) to DSM III: The DSM III declared as the diagnostic manual to be used officially by SCDMH facilities and the staff had educational classes for the DSM III nomenclature. The patients diagnoses are being changed to DSM III nomenclature and codes from the ICD 9 CM when the case is reviewed.

Failure to Accomplish during FY '80-'81

Admissions by Appointment: Discussion on numerous occasions were directed to scheduling admissions or even restricting the admission time for observational court cases, but no concrete action has resulted. This problem with late admissions is further complicated by the reduction of staff due to the Reduction in Force, unless action positive and concrete in nature is taken regarding the existing admission policy, expenses will be incurred due to overtime.

SUPPLY AND SERVICE DIVISION

I. GOALS ACCOMPLISHED BY SUPPLY AND SERVICE DIVISION FY '80-'81

1. During the past fiscal year much progress has been made in establishing total property control. Property records have been revised and updated so that each activity has an accurate listing of equipment for which they are responsible. Completion of this project will reduce the quantity of missing, lost, or stolen equipment.
2. The equipment section has also established a central warehouse for the storage of excess equipment and for furniture repair. This centralized storage will not only provide for more accurate prop-

- erty inventories but also provide quicker and more efficient distribution of equipment.
3. The Hospital Supply Section has implemented a new method for obtaining supplies. By drawing precise quantities of supplies from the central warehouse in six week increments, supply has avoided overstocked effects and spoilage.
 4. The laundry has developed a policy and procedure directive which covers the purpose and methods of the laundry operation. Particular emphasis was placed on the soiled area and infection control procedures.
 5. Laundry bags have been individually labeled as to ward numbers. This process enables laundry personnel to pinpoint the source should problems arise.
 6. On several chosen wards, a new washing program has been established. Labels bearing the patient's name have been sewn into their clothing allowing the patients to launder their own clothing.
 7. During the year a total of 1,796,114 pounds of linens were processed and laundered. Seventy-one percent of this total was laundered on the campus at S. C. State Hospital, the balance having been sent to the Department of Corrections. Our average poundage per patient (27 lbs. per week) is in line with a national average for this type of hospital.

II. GOALS ESTABLISHED BY SUPPLY AND SERVICE DIVISION FY '81-'82

1. The equipment section plans to complete the project of total property control for each activity during the early part of this year.
2. Upon completion of #1, property personnel will attempt to establish a procedure for property control in the nursing service areas. It is anticipated that this undertaking will be most difficult due to the shift rotation.
3. In the upcoming year the Supply Branch plans to evaluate the present method of monthly supply issues to ward areas. Intentions are to eliminate any excessive use or misuse of supplies.
4. The laundry plans to improve and expand policies and procedures for the laundry operation, specifically, shoe issues, procurement of draperies, and the operation of the clothing store.
5. Another goal for the laundry is to obtain a new piece of equipment for the soiled area. A conveyor system with a sorting table is planned in order to speed up the operation and establish better infection control.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

The greatest problem at present time for Crafts-Farrow State Hospital is for personnel and space to care for the nearly 1580 patients. With the increase in census, greater pressure is placed on our staff that is already overburdened in terms of workload. With the completion of the 300 bed ICF unit at the CMTHRC campus, some of the CFSH population can be cared for there. This is the only relief in sight for our overworked staff.

The average age of our patient population is 70. The average age of patients being admitted to CFSH is 71.8 years. Our population is getting older and thus many more have physical disabilities requiring hospitalization and nursing care. Approximately $\frac{1}{6}$ of our admissions are transferred to MCC within the first 5 days.

In spite of continuing recruitment efforts, little change has been affected in the numbers of licensed nursing personnel hired during the past year. This has been a good year for recruiting physicians, with seven physicians joining our staff July 1st. A psychiatrist has been recruited and will join us in September. An internist and one other general physician will join our staff by October.

Nursing personnel continues to be a great need, a review of the staffing patterns for nursing personnel will quickly reveal how "thin" we are in coverage, especially during P.M. and night tours.

With the recruiting of a psychiatrist and some OT therapist a Department of physical medicine is in its beginnings. Hopefully, during the coming months some physical therapists can be recruited and hired. To date no indication has been received as to when we can look forward to relocating our P.T. Department to the Food Service building and using the old P.T. space to enlarge the pharmacy. This is a tremendous need and would add greatly to our ability to render service to our patients.

It was our hope to see greater progress on the plans and projected construction date of the 88 bed patient unit.

We are hoping that development and implementation of CFSH 10 year plan can be realized in the near future. This would be a giant step in providing facilities that would make the task of providing care for our elderly patients much easier.

QUALITY ASSURANCE DIVISION

The Quality Assurance Division has continued its endeavor to provide a program designed to enhance the quality of patient care. Attention is given to proper use of resources in providing this care. This involves working with all disciplines in coordinating the facility's quality assessment activities. Potential problems or concerns in the care of patients are identified, reviewed, studied, evaluated and pertinent findings are

communicated to Physician Advisors or Committee for determination of appropriate corrective action and follow up activity. Quality Assurance, by its variety of assessment activities, assists in identifying needs for a meaningful Continuing Education Program and provides input for planning for Staff Development and Professional Growth.

Quality Assessment is also directly involved with Utilization Review of patient admissions and those transferred to McLendon, also enabling us to do concurrent review of required topics to be studied.

The Infection Control Program is actively providing surveillance of the hospital environment to achieve the best possible control of infections. Included in this program is an annual tuberculosis screening of all employees.

EMPLOYEE RELATIONS

Employee Relations continued to work with all levels of employees to answer questions, interpret policy and resolve problems.

Routine employee services included assistance in applying for membership in State organizations; general orientation of new employees, retirement processing; insurance changes, assistance in filing insurance claims, employee counselings, handling informal grievances and guidance during formal grievance procedures. Employee Relations coordinated the various fund and blood drives, as well as the Outstanding Employee selection process. The staff participated in interdivisional training programs and provided some supervisory training. Employee Relations continued to publish the facility newsletter and to submit information for publication in The Report. The newsletter served as a tool to help employees have a better understanding of employment rules and to motivate employees through better communication and participation.

Much of Employee Relation's activities have been focused toward improving and building employee morale. An employee of the Month program has been established to recognize employees who have performed in an exemplary manner.

An Appreciation Drop-In was held to thank employees for their cooperation and performance in preparing for the Accreditation Committee.

VOLUNTEER SERVICES DIVISION

Reduced funding and cutbacks placed greater emphasis on services given by volunteers and the use of community resources for hospitalized patients.

Bus rides, sponsored by Mental Health Association in Mid-Carolina, using volunteer drivers, became the main source of patients' involvement in community activities. This project (on-going since 1968) was

recognized by Governor Riley and declared winner of the 1981 S. C. Recreation Award.

Other community and statewide resources brought in scores of educational and entertainment programs for patients' leisure time activities.

Regular monthly volunteer groups increased by five in number, and along with "special occasion" volunteers, continued to serve our patients as valuable community contacts.

Individual volunteers served as bus drivers, friendly visitors, patient feeders, group coordinator, greenhouse assistant and in the "adopt-a-patient" program. College and seminary students also volunteered as part of their learning experience.

For the second consecutive year a Crafts-Farrow volunteer was awarded runner-up Volunteer of the Midlands by Voluntary Action Center, and received recognition in the S. C. Legislature. A Volunteer Recognition Drop-In was held in the historic Mills Building during Mental Health month to honor volunteers from all SCDMH facilities.

The Volunteer Center, providing a homelike atmosphere, was made available to patients' families for birthday parties and special occasions. Mental Health Association in S. C. held its annual board meeting in the Volunteer Center using the afternoon session for 4 demonstration ward parties. An extension telephone near the conference room was installed as a convenience for users of that area.

Donations included: bed caddies, magazines, newspaper subscriptions, books, green plants, tablecloths, craft material, bingo prizes, Christmas and birthday gifts, grooming aids, pantry items, comfort items, gardening supplies, new and used clothing, new 19" color TV, zoo memberships and numerous other miscellaneous gifts plus monetary contributions of \$2,394.00, mostly designated for Operation Santa Claus, ward projects and to meet special needs.

On a monthly basis:

Average number of groups	26
Average number of individual and group volunteers .	160
Average number of volunteer hours	527
Total number of volunteer hours given during the year	6,242

Volunteer Services staff and individual volunteers attended 58 workshops and job-related meetings.

In cooperation with Mental Health Association of S. C. a 2-day Volunteer Services workshop will be offered in September. Interested citizens from the community and throughout the state will participate. Also, included on the program is a special session for Volunteer Directors.

PROFESSIONAL SERVICES

Professional Services at Crafts-Farrow State Hospital has continued efforts to improve patient care by recruiting sufficient staff and by providing educational opportunities for the staff. Clinical case monitoring has continued successfully and has tended to stimulate the staff as well as make for empathy one for another. Consultative work across staff and services has improved morale and staff communication.

Continuing education for the non-physician staff has proved successful. There were ten programs presented. Continuing education for the physicians and affiliated professionals under the sponsorship of William S. Hall Psychiatric Institute and Richland Memorial Hospital at Crafts-Farrow State Hospital has continued. There have been 15 programs presented with a total of 24 hours C.M.E. credit category I given for this fiscal year.

There has been one hospital wide program presented for community participation, which included pastors, church leaders, para-professionals, interested citizens, members of senior citizen groups and others interested in the care of the elderly.

Now that the psychiatric residents from Hall Institute spend 6 weeks at CFSH for training in geriatric psychiatry, efforts are being extended to include other specialties. Some of the faculty of the school of medicine at USC have indicated an interest in CFSH as sites for training some of their residents.

Fourteen of the programs presented by continuing education have been in the area of primary prevention. These programs have varied from such topics as professional burn out and stress management to exercise and weight control.

CFSH continues to provide support services such as lab, x-ray, EKG and EEG to MV and BPH as well as Dental and Medical Clinics and emergency coverage to MV. During the past year MV had 1,443 admissions, BPH had 2,858 admissions.

During the year there were 891 total admissions to CFSH with 550 discharges and 249 deaths. The average age of the patients is 70. A continuing problem is the disparity between our aged patients and the buildings with stairs and no inside dining rooms. The census continues to climb, making for much crowding throughout the hospital and a greater burden on our already over-burdened staff.

The year has seen the beginning of a Department of Physical medicine with the recruiting of a psychiatrist to head up this Department. In addition, O.T. that will be a part of this Department eventually, has begun with the hiring of an O.T. supervisor and one additional COTA. O.T. programs have begun in a number of our buildings and 10 buildings have been screened by the O.T. personnel.

This has been a year of growth for CFSH. A number of new physicians have been recruited and have obligated themselves to come. With the addition of these physicians the medical staff at CFSH will once more be filled. This can only mean better patient care inspite of fiscal restraints.

ADMISSION-EXIT SERVICE

The Admission-Exit Service during the fiscal year 1980-81 provided complete mental and physical assessments of newly admitted patients. This included diagnosis of problems present, development of an individualized treatment plan for each patient, and short term therapy for stabilization or correction of problems identified.

Plans for patients to remain on Admission Service for the first 90 days of hospitalization were abandoned due to the shortage of bed space. At present patients may remain on Admission Service 30-90 days for evaluation and treatment. Those patients unable to be discharged for home care or to an alternate care facility are then transferred to an appropriate ward in Resident Care Service.

MEDICAL SERVICE

The McLendon Clinical Center and convalescent pavilion, composed of Buildings 14 and 16, admits patients from Crafts-Farrow State Hospital, Bryan Psychiatric Institute and Morris Village. Within the past year a speech and hearing, as well as a urology clinic has been added to outpatient clinics covering all areas of medicine. Major surgical cases are referred to Byrnes Clinical Center and all hospitals of the area.

Enlargement of the Pharmacy is one of the urgent needs to accommodate an increasing demand and is planned along with moving Psysiotherapy to a more central campus location. A closer look at convalescent cases and organization of these areas has led to better availability of acute bed space. Plans are underway for updating x-ray machines which are 15 years old as well as laboratory equipment to maintain quality of care for patient and employee population.

LABORATORY DIVISION

The laboratory department again performed more than 250,000 individual tests during the 1980-81 fiscal year. Workload increases were significantly noted in the Bacteriology and special Chemistry departments. In addition to the tests previously offered by the laboratory, the purchase of the SYVA EMIT drug analyzer made it possible for the lab to offer expanded testing in the area of drug assays, including such tests as Dilantin, Phenobarbital, Mysoline and Tegretol. The Bacteriology capabilities in the field of Anaerobe testing was expanded and a more

suitable method for the culture of urines by the URICULT system was introduced.

One additional technologist position and one medical technician position was acquired during the 1980-81 fiscal year to help compensate for some of the workload demands, however one medical technician position slot was lost due to retirement. The Laboratory now consists of four medical technologists and three medical laboratory technicians.

The SYVA EMIT drug analyzer was purchased during the past fiscal year. However a centrifugal analyzer and Hematology Blood Cell Counter is needed and will allow expansion of testing capabilities.

RADIOLOGY SERVICE

Radiology experienced a moderate increase in its workload during 1980-81. This increase reflected 891 exposures for x-ray and 48 E.K.G. tracings.

The Pitts Radiological Associates, P.A., continued to provide excellent radiological coverage. Consideration should be given to replacing the x-ray units, due to age, condition and availability of service for these units.

E.K.G. workload continues to increase. The additional duty of E.K.G. was placed upon x-ray in 1969, at which time 194 tracings were being done annually. Presently, 2728 E.K.G. tracings are done per year.

The radiological and electrocardiograph equipment remains in fair condition. X-ray equipment repairs amounted to \$1,727.20 and E.K.G. repairs amounted to \$186.81. Expendable medical supplies for radiology cost \$32,896.70 and E.K.G. supplies cost \$1,446.14.

Crafts-Farrow State Hospital was reimbursed by the following facilities for the amount shown below:

	<i>X-ray</i>	<i>E.K.G.</i>	<i>Total</i>
Bryan Psychiatric			
Hospital	\$15,186.16	\$273.80	\$15,459.96
Morris Village	\$20,593.48	\$347.80	\$20,941.28
Grand Total			\$36,401.24

SCDMH received the amount shown below from our silver recovery program:

Silver recovered from the film processor	\$2,391.51
Salvaged film	2,253.45
Total	\$4,644.96

Radiology is presently operated by the following staff:

1. X-ray Technologist Supervisor II
2. X-ray Technologist II
3. X-ray Technologist I

A full-time E.K.G. technologist is needed to handle the dramatic workload increase.

DENTAL SERVICE

The annual statistics of the Dental Department of Crafts-Farrow State Hospital continues to show an increase in the number of patients treated. 8,227 individual procedures were performed for 6,045 patients. This included 567 individual procedures for preventive dentistry.

The workload shows some increase in most services performed. Bryan Psychiatric Hospital does again show a significant increase in the number of patients treated. The Dental Staff continues to stress preventive dentistry whenever possible.

No new equipment has been added.

The staff remains unchanged — one full-time dentist, one part-time dentist, one full-time dental hygienist, and one full-time dental assistant.

ACTIVITY THERAPIES SERVICE DIVISION

Emphasis on In-Service Education, addition of new programs and reclassification were important aspects of the fiscal year 1980-81 in the Activity Therapies Service.

With the inception of monthly Activity Therapies Service In-Service Education, during the early part of 1980, each staff member was given the opportunity to learn about new trends and factual information regarding the care of geropsychiatric patients. Staff members presented these in-services and focused on the adaption of material pertinent to the therapeutic process. Several all-day workshops were also conducted. Personnel attended SCDMH Staff Development Training as well as other available educational and professional training.

The Hortitherapy Program of the Activity Therapies Service was developed in May of 1980. Since its inception, the Hortitherapy program has provided Crafts-Farrow State Hospital with new methods of improving the physical and mental well-being of the geriatric patient with advantage of being outdoors, enjoying sunshine, fresh air, exercise, and improving muscle strength and coordination. These programs are conducted by the Hortitherapist for individuals which are referred by treatment teams. Evaluations and documentation are inducted in this program's routine. The Hortitherapist is also responsible for the placement, care, and selection of the plant materials which are placed on the

wards as well as scheduling greenhouse crops for the various holiday seasons.

The Activity Therapies Service instituted a student internship program for the first time this year. Three students from the Therapeutic Recreation Program at Benedict College participated in the program during the Spring of 1981. An internship program in the Activity Therapies Service at Crafts-Farrow State Hospital is unique in S. C. as we are the only geropsychiatric state facility.

In February, 1981, the process was started to reclassify the 28 Therapeutic Assistants to Activity Therapists I positions. The long awaited approval was received on April 24, 1981 and resulted in the upgrading of all Therapeutic Assistants, a title which seemed to be misleading when compared to the job function of these employees to the more aptly titled position of Activity Therapist I.

The Activity Therapists have been involved in many campus-wide projects this fiscal year. These have included an arts and crafts show, talent and fashion shows, the Christmas Parade, Halloween Carnival, May Day Festivities, Spring Ball, and an excursion to the South Carolina State Fair. Two family passes were purchased for admission to the Riverbanks Zoo by Volunteer Services. The Activity Therapists utilized these passes on 22 trips taking 330 patients throughout the year. As well as the zoo trips, noncampus-wide activities were frequent and involved individual buildings. These activities included trips to Killian Lake for picnics, Volunteer Service bus rides, softball games, shopping trips, lunch in the community, movies off-campus, monthly birthday celebrations, bingo parties, and activities involving all of the major holidays.

Three members continued shopping for and/or with patients who have personal funds available; in addition to using these funds to shop for patients who have not been able to leave the hospital, this shopping program provides a means for the other patients to be taken on shopping trips which allow retraining in shopping procedures (selecting articles, making change, and other socialization processes).

In the Music Therapy program emphasis was placed on ward visits, using music as a stimulus with the goal of encouraging as many patients as possible to participate in these therapeutic programs. Choir members were trained and both individual and group music instruction was given to interested patients. Individuals music therapy was increased. Audit procedures were set-up on a quarterly basis. Emphasis was placed on documenting fully the many therapies administered. A revised Activity Therapies Service Patient Assessment Form was completed and distributed for compliance and implementation.

Ward visitation was also expanded in the Library Therapy Section and has been the custom for several years. A program for the deaf and blind patients was provided with full participation by those patients. Many valuable additions to the medical library have continued to be received.

The hospital staff as well as the patients made full use of the library and its facilities. Audit procedures were set-up on a quarterly basis. Emphasis was placed on documenting fully the many therapies administered. A revised Activity Therapies Service Patient Assessment Form was completed and distributed for compliance and implementation.

On March 27, 1981, Occupational Therapy Section was transferred to a newly created Department of Physical Medicine.

Goals for Fiscal Year 1981-82

1. Increase staff to further provide the widest and most effective therapeutic program.
2. Assess education and training needs of Activity Therapy staff and to develop a written in-service training program to meet those needs. Utilize skills and knowledge of Activity Therapies Service staff to develop and conduct in-service classes specific to interests of Activity Therapies Service department.
3. Increase utilization of volunteers to augment the professional staff and to engage community interest and support from all available community agencies.

CHAPLAINCY DIVISION

Pastoral services were provided by a staff composed of four full-time chaplains, one part-time Catholic priest, a Rabbi on call, and four part-time retired community clergymen. A total of 1633 worship and ward devotional services were held. Interviews were conducted with 944 newly admitted patients. Counseling sessions were held with 691 patients. There were 22,227 brief pastoral visits and more than 219 treatment team meetings attended, 45 vesper services were held with an average attendance of 85.

The seventh annual state-wide conference on "Music, Laughter and Tears" was held on March 31, with Ms. Deanna Edwards, a volunteer music therapist from Provo, Utah, as the keynote speaker. There were over 400 in attendance, representing State Agencies and many of the churches serving over S. C.

On June 2, a Clinical Pastoral Education Program began with four Seminarians from the Lutheran Theological Southern Seminary in Columbia. This is the first Clinical Pastoral Education Program in a geriatric setting in the Southeast and one of the few in the Nation.

NURSING DIVISION

Staff shortage, especially licensed personnel, continues as a primary impediment in the delivery of nursing care. Additional census increases have further expanded the staff/patient ratio. The hiring freeze during the last months of the fiscal year added to the staff shortage. Hopefully,

additional positions will be approved for the new fiscal year; the 27 positions being proposed will be helpful in meeting the additional 236 positions needed. Much effort was exerted in increasing the recruitment and retention of licensed personnel. Results are considered minimal in comparison to needs; however, a net gain of four registered nurses and three licensed practical nurses resulted. It is anticipated that a full-time person will be added to the staff to coordinate the orientation program for licensed personnel. Changes in the basic benefit package for licensed personnel allowing the individual institution to make adjustments necessary to meet staffing needs appear to be warranted if enough licensed personnel are to be obtained to adequately supervise nursing care and administer medications. The adjustments made in grade classification during the year were helpful in approaching the community hospital level but of little impact in terms of recruitment. It should be remembered that the patients served here were unacceptable to community facilities.

Turnover rate is still extremely high for mental health specialists. Pre-employment reference checks, greater selectivity and increased educational qualifications with concomitant reinforcement would possibly alleviate this problem.

During this fiscal year, 7556 employees participated in nursing education offerings. This is an increase of 4169 over last year. Programs are offered on all tours of duty to all levels of nursing personnel. Special programs were developed to meet identified needs designed to reinforce and/or develop staff performance for improved patient care.

Providing safe basic nursing care for the 1550 plus gero-psychiatric patients who have very special needs continues to be a unique challenge with only 86 registered nurses, 38 licensed practical nurses, and 730 mental health specialists for a 24 hour, seven day per week service. Approximately 50 percent of the patients are incontinent, over 50 percent need to be fed or need assistance with meals, over 75 percent need assistance with bathing and grooming, and 70 percent are disoriented in one or more spheres with other accompanying behavioral problems. In addition, most patients have one or more medical problems which require close monitoring, treatment and care.

Increasing the nurse patient ratio would enable the staff to gain more satisfaction in their jobs, change the focus from basic safety and maintenance to rehabilitative nursing care. Greater effort must be made to increase both the quantity and quality of nursing personnel. JCAH noted the inadequate number of registered nurses in the last two surveys. It is not anticipated that great changes will occur until some basic personnel policies affecting nurses are changed. However, continuing efforts will be made to do the best we can with what we have in spite of lack of personnel, wards not equipped to care for geriatric patients, and overcrowding of patients.

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital during the fiscal year, 1980-81, was 77, 103 (an increase of 21% over the previous year.)

A total of 7,508 employee prescriptions were filled. Cash collected for these amounted to \$21,518.89.

The alcohol and drug addiction center at Morris Village was issued 4,939 prescriptions. Individual prescriptions for all residents at Morris Village are being filled.

G. Werber Bryan Psychiatric Hospital was issued a total of 4,203 prescriptions (drugs issued in bulk and employee prescriptions).

Cash receipts amounting to \$22. 63 were collected for 14 prescriptions for discharged patients that are to be followed up at after-care of mental health clinics.

A total of 8,063 orders were filled for individual patients on Ward 200 in McLendon Clinical Center using the uni-use medication chart. This pilot study has demonstrated a considerable time saving for giving medication in comparison to conventional "card" system which is being used in other areas of the hospital. The uni-use system provides better drug accountability and minimizes medication errors when compared to the traditional floor stock method of drug distribution. It has been recommended by the Program Nurse Specialist that this system be continued on Ward 200 and implemented on all other wards in McLendon.

The Pharmacy continues to provide services for the Community Mental Health Autistic Children Division.

Information from all individual prescriptions is being entered into the computer terminal providing the pharmacy staff with a profile on each patient.

Pharmacists are participating in treatment teams at various wards and reviewing medical records of patients to ensure rational drug therapy and proper administration of ordered medications.

SOCIAL WORK SERVICE DIVISION

During the past year, the primary goal for Social Work Service Staff has been meeting JCAH quality assurance standards and intensified services to patients and families, focused upon discharge planning. In an effort to achieve this goal, Social Workers had to gain new knowledge and develop new strategies relating to the problems and needs of the elderly patients and their families, and how to plan and document needs as well as services provided. This required Social Workers to be involved in a number of inservice training activities both at the Service and Staff Development level.

During the year a total of 583 patients were discharged, 120 were placed in Alternate Care Homes/Facilities with 79 being placed in Nursing Homes and 40 being placed in Boarding Homes. While the number of patients placed in Alternate Care facilities was less than the number placed during the previous year (1979-80), it is recognized that patients with acceptable behavior and a higher level of functioning were discharged during the previous year. The current statistics reflect working with patients who were more difficult to place because of their inappropriate behavior, low level of functioning, severe physical problems and the inability of Alternate Care Facilities to supervise them.

Goals for the Coming Year:

1. Continue our concerted effort to increase alternate care placements.
2. Continue our effort to be consistent in upgrading and documenting patients needs and services provided.
3. Continue to upgrade staff competency through inservice and Staff Development training.

PSYCHOLOGY

The Psychology Department at Crafts-Farrow State Hospital is understaffed and overworked. There are only 9 psychology staff members of which 2 have Master's degrees and 2 have Doctorates. With the standards set by JCAH, this is totally inadequate for our patient populations. Crafts-Farrow is recruiting for a doctoral level clinical psychologist to be the Chief of this Department. We need at least 4 additional Master's or Doctorate level people in this Department.

The psychology personnel have been assigned the administrative duty of running ward meetings on the wards. This is in addition to providing psychological services of testing, evaluation and being a part of the Treatment Team, and thus providing various treatment programs and/or modalities for the patients assigned to them.

With the addition of personnel the Department's task should be easier and hopefully will bring us into line with the JCAH requirements.

VOCATIONAL REHABILITATION DEPARTMENT

Again, this year, the Project Committee agreed to adjust the Vocational Rehabilitation staffing pattern with respect to the needs of the patient population at Crafts-Farrow. That decision resulted in the reduction of the formerly full-time coverage of the hospital to part-time. Thus, Vocational Rehabilitation has met the needs of the Crafts-Farrow patients with a part-time Counselor, part-time Home Economist, and a part-time Casework Assistant.

Through the efforts of these three staff persons, 39 Vocational Rehabilitation cases were opened on Crafts-Farrow patients; 16 of those cases were transferred to Vocational Rehabilitation field counselors in Area Offices across the state for counseling, guidance and follow-up in their home communities; 50 Crafts-Farrow patients received vocational evaluation and personal, social and work adjustment training; 73 patients participated in the Personal Grooming class; a monthly average of 63 patients were working on the Patient Work Program; and 9 Crafts-Farrow patients were successfully rehabilitated.

ADMINISTRATIVE SERVICES

The Department of Administrative Services is responsible for providing (1) adequate and complete medical records for all patients; (2) supplies and equipment necessary for the proper care and treatment of all patients; (3) a safe place to live and receive treatment that is clean, comfortable, and as pleasant as possible, and (4) wholesome and nutritious meals. In addition, Administrative Services assures that the hospital abides by the S. C. State Law, SCDMH Directives, and CFSH Directives. Budgetary matters, also, are the responsibility of Administrative Services, which is dedicated to an all-out effort to provide the above-mentioned services within the budgetary limitations.

All CFSH departments and services have been working toward correcting deficiencies listed in the Joint Commission on Accreditation of Hospitals "Report of Deficiencies" given after their survey in October 1980. While the number of total deficiencies declined from the previous year, CFSH again received a one-year accreditation. Administrative Services has participated in this all-out effort to receive full accreditation in the Fall of 1981 JCAH Survey.

Sixty-four additional positions were approved for CFSH for the 1981/82 fiscal year and CFSH will receive part-year benefit from these additional positions before the next accreditation survey, although this is only a partial restoration of seventy-three positions lost previously.

The average daily patient census was on the upswing during most of the fiscal year.

Much progress has been made in improving the looks of the surrounding landscape after sale and removal of older residences and farm buildings.

A long-range comprehensive capital improvement plan for CFSH has been approved, but to date we have not been able to get any projects underway.

REGISTRAR DIVISION

Admissions and Dispositions Office

This office is the nerve center at Crafts-Farrow State Hospital. It is

open seven days a week twenty-four hours a day with only a staff of eleven people. This creates a problem in granting sick leave, annual leave and maintaining enough staff to keep the office open. This office in addition to being the information center for the hospital processed 1862 patients in and out of the hospital. This office also serves as back up for Security in manning two-way radios, public address system and civil defense radios. This office also monitors the fire alarm system for the hospital and registers visitors at the front gate and keeps records of all visitors on a card system.

Medical Records Section

The Medical Records Section types all dictation by doctors, social workers and psychologists. The steno pool is responsible for dictation. Other personnel include one full time person handling transfers, one for insurance claims and one full time person on deaths and death certificates. Other duties handled by this office include correspondence with families, advising the patients and their families of their rights. This office also upon requests from doctors, schedule patients for staffing for diagnosis, discharge and competency. In addition, this office is responsible for the completion of the record after a patient is discharged or dies and to prepare the record for storage on microfilm. This office is also responsible for the ward records on each patient. In order to do this, there are twenty-six ward clerks. Usually one ward clerk handles two wards except on admission wards and McLendon Clinical Center which require a full time ward clerk.

Medicare-Medicaid

This section processes claims for Medicare patients, notifies the patient and family when claims are exhausted. Records are kept on all Medicare and Medicaid patients. Blue Cross and Blue Shield reviews these records every ninety days on a sampling basis. However, the sampling basis amounts to approximately one hundred and eighty records to be pulled and checked for completeness before the audit. Approximately three hundred patients are on Medicare and some six hundred and fifty are on Medicaid. With these numbers drawing federal funds, the paperwork and other red tape takes an enormous amount of time and requires additional help from the Medical Record Section when preparing for an audit.

Post Office/Personal Fund

This office is manned by four people — two postal clerks and one vehicle operator. The vehicle operator delivers mail throughout the hospital two to three times daily and makes special trips when requested. The clerks operate a branch Post Office, selling money orders, stamps, etc. In addition, they disburse money to patients for personal

use and to go shopping. They receive monies from traffic tickets, patients paying on their accounts, money for patients from their families and any other incoming money for the Department. Approximately \$25,000.00 in financial transactions are handled through this office each month.

SUPPLY AND SERVICES DIVISION

The Supply and Services Department continues to requisition, store and issue supplies to all areas within the hospital and to other SCDMH facilities, including Morris Village, Autistic Children's Center, and Bryan Psychiatric Hospital. Records on expendable and non-expendable items are maintained and inventories held periodically.

We are still working toward a better non-institutional look in the residents' dress. We are also working towards upgrading and improving furnishings for all wards with pictures, live plants, and better furniture to create more home like surroundings.

For the fiscal year of 1980-1981 the Department of Corrections has laundered 3,059,695 pounds at a cost of \$336,566.45. We are washing in our area bath towels, washcloths, underwear and socks and other items of clothing, when possible, in order to give better patient care.

The Canteen continues making available new items which residents and employees request that can be sold in the Canteen. The sales for fiscal year 1980-1981 amounted to \$154,652.15. This amount does not include the vending machine sales.

ENGINEERING DIVISION

This Division has continued to provide improvements to facilities in the way of approved minor construction and alteration projects and day to day maintenance to hospital buildings. Transportation services for employees and patients have been provided seven days a week to satisfy essential needs. Emphasis has been placed on work involving patient comfort, accreditation requirements and patient/employee safety.

Authorized personnel strength for the Division remains at 85 spaces, having gained and lost one space during the year.

Major Capital Improvements Projects completed by outside contractors included the re-roofing of Shand and Davis Buildings. Other alteration and minor construction projects by outside agencies consisted of the installation of an outside pad mounted 1000 KVA, copper wound, transformer to provide backup power for the 1150 Ton Centravac serving chilled water to the Earle E. Morris Alcohol and Drug Addictions Center and Bryan Psychiatric Hospital. This project was accomplished on an emergency basis due to failure of the installed indoor 10,000 KVA transformer from the factory. Additional contractor accomplished projects entailed removal of stained, odorous, wornout carpeting from Ward

Building #7 and replacement with Brigantine Corlon Vinly floor covering with coved base; removal of existing flooring in the center portion of the Basement of Ward Building #1 and replacement with vinyl floor covering; a number of walls throughout the Sol B. McLendon Building were recovered with vinyl wall covering and torn vinyl wall covering patched. Holly Electric Corporation of Jesup, Georgia was awarded the contract for pick up and disposal of the failed 1000 KVA transformer with P C B Coolant.

Approval was received and work was initiated on construction of a 14' × 20' brick veneered support building for the Hospital Greenhouse. The support building will provide some classroom and storage space plus a walk-in cooler for flowers.

The Building Maintenance Branch has placed major emphasis on safety and has repaired deficiencies in fire and smoke stop partitions in the Sol B. McLendon Building, and Ward Buildings 2, 3, 8, 12, 6, and 7. Expanded metal doors on secure rooms in Shand and Davis Buildings were replaced with solid core 1¾" wood doors with 10" × 10" wire glass lights; magnetic hold open devices and automatic door closures have been installed on all smoke stop doors; wire reinforced glass has been installed between nurses stations and patient wards in Shand and Davis Buildings; and ceilings clips were installed on drop ceiling panels throughout Ward Building 14, 15 and 16. All roof equipment and housing on the Food Service Facility has been painted along with the interior of Ward Building #10, first floor Ward Building #12; walls and ceilings throughout the Shand Building, Ward 139 in Building #7 and many other miscellaneous areas throughout the hospital.

The Utilities and Equipment Branch has accomplished day to day maintenance and repair of all installed heating, ventilating and air-conditioning equipment, plumbing and electrical fixtures and associated utility distribution systems. Additional bath tubs were installed in Ward Building #2; washers and dryers installed in Ward Building #8 and Davis; commode and hand-basin installed in Building #10; additional visitor rooms with necessary air handling units were installed in Ward Buildings 14 and 16. The Branch provided necessary contractor assistance in removing surplus portion of overhead power distribution system which formerly served water pumps at ground level storage tank north of the campus and in installing standby 1000 KVA outside pad mounted transformer at the Energy Plant. Additional service outlets and power leads were installed for magnetic door hold open devices at doors in fire wall partitions. Contractor assistance was also provided in installing oil pump interlock, anticycle timer and running timer on Trane Centravac serving Sol B. McLendon Building.

The Transportation Branch has continued to provide necessary transportation in support of hospital needs. Sedans assigned have average approximately 11,500 trip miles per month in transporting patients to

their home counties for court hearings and medical reviews. One pick-up and three miscellaneous support type trucks were acquired during the year to replace similar vehicles that were no longer reliable and beyond economical repair. The Branch has continued to provide automotive supply, maintenance and repair services for vehicles assigned to Earle E Morris Alcohol and Addiction Center and Bryan Psychiatric Hospital.

Grounds Maintenance Branch Personnel have continued to do an excellent job in keeping the hospital grounds and recreational area looking nice. Increased efforts have been expended in our efforts to eradicate the ever increasing spread of fire ants on the grounds. Fire breaks through and around timbered lands assigned to the hospital, have been maintained and no losses due to fire were sustained.

PUBLIC SAFETY DIVISION

The Public Safety division has the responsibility for providing security and protection for patients, employees and visitors. Included in the Public Safety Program is the investigation of all types of cases and the enforcement of State and local, criminal and traffic, laws applicable to the hospital. Constant patrols are made on the property to ensure compliance with hospital rules and regulations. The Department of Mental Health has three lakes on the property for activities by patients and employees for which this division issues passes and controls the usage.

In upgrading the ability and knowledge of each officer, specialized training and education have been provided by the Department of Mental Health, ETV, State Fire Inspector's Association, SLED, U. S. Government, State Fire Academy, and the S. C. Criminal Justice Academy.

During the year a total of 80,670 miles were driven by the officers in patrolling the grounds, answering calls and transporting patients. There were 5,140 calls answered which resulted in 387 cases being investigated and reports written. Types of cases investigated and reports written included: Auto Accidents, Petit Larceny, Patient Injury, LWP, Contraband, Trespassing, Disorderly Conduct, Patient Abuse, Obscene Telephone Calls, Grand Larceny, Patient Complaint, Drugs, Housebreaking and Larceny, Forgery, Fires, Drunk, Lost and Found, Littering, Unauthorized Use of Telephone, Deaths, and Miscellaneous.

Officers gave out 775 warning tickets and 101 summons for traffic violations. In an effort to control contraband and theft, a total of 2,412 vehicles were searched in addition to 143 employees walking off the grounds.

Fire and Safety

The Fire and Safety operates as a part of the Public Safety Division.

Fire and Safety awareness as a part of the hospital's daily routine has continued. A greater degree of protection for patients, employees and visitors has been achieved.

This division currently chairs the Greater Columbia Area Hospital Safety Council and CFSH Fire and Safety Committee. Committee leadership and participation have helped to initiate and promote safety sub-committees throughout the hospital.

Through active participation, we are now better able to locate and define the operational errors that allow accidents as well as fires to occur.

Orientation classes were held for 184 new employees during the past fiscal year.

There were 8 fires reported the fiscal year, consisting of the following types: general combustibles and auto.

Property damage was minimal; no injuries noted.

Required fire reporting and procedures were drilled and discussed on all three shifts for a total of 480 combination drills and discussions.

There were 472 job related injuries reported this past fiscal year; 112 of which were recordable (i.e., time lost from work as a result of the injury).

A total of 60 building fire alarm tests were conducted this past fiscal year. All deficiencies were corrected accordingly.

FOOD SERVICE DIVISION

Food Service continued to prepare and serve attractive, highly palatable and nutritious meals to patients and employees at Crafts-Farrow State Hospital, Bryan Psychiatric Hospital, and Earle E. Morris, Jr., Alcohol and Drug Addiction Treatment Center. Approximately 2,870,613 meals were prepared during the past fiscal year as reflected below:

Crafts-Farrow State Hospital	2,466,457
Bryan Psychiatric Hospital	217,134
Morris Village	187,022

In addition to regular food preparation, Crafts-Farrow Hospital Food Service provided therapeutic diets for Bryan Hospital and Morris Village.

Crafts-Farrow State Hospital provided food for several workshops during the year including the 7th Annual State-Wide Conference on meeting the needs of the elderly.

During the year, Crafts-Farrow Nutritionists conducted in-service education classes for Food Service Personnel on a variety of pertinent topics.

A considerable amount of old equipment was replaced with new equipment including new diet trays and a new grocery truck.

The Food Service Division is composed of one Food Service Director III, one Food Service Director I, ten Food Service Supervisors, and approximately 123 supportive personnel.

HOUSEKEEPING DIVISION

Housekeeping personnel attended the "Basic Elements of Housekeeping" Workshop through the South Carolina Department of Mental Health In-Service Training Program. This workshop was designed to update current procedures and methods.

Two employees attended the Pest Control Operators School at Clemson University in an on-going program for maintaining pest control within the hospital.

Ten new positions in Fiscal Year 1981-82 will increase and improve staffing in all buildings.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

GOAL: To educate mental health professionals and further the knowledge of neuropsychiatry by research.

The goal is being attained, but a decrease in services had to be made due to budget restrictions. It appears that the trend of fewer physicians going into psychiatry may have leveled off at approximately 3% of graduates. This is not enough psychiatrists to meet the mental health needs in South Carolina or in the nation. We continue to have a real challenge in recruiting faculty and residents due to the overwhelming demands and vacancies nationally. The William S. Hall Psychiatric Institute and the Department of Neuropsychiatry and Behavioral Sciences of the University of South Carolina School of Medicine continue to maintain a close liaison and working relationship with an integrated faculty. The clinical rotations of medical students are going extremely well. The national test scores for medical students and psychiatry residents are above the national average.

The professional practice plan is going well. It is helping attract highly competent faculty and is supplementing and improving training programs at William S. Hall Psychiatric Institute.

The interim survey by JCAH went well and we will be surveyed again in October 1981.

Objectives that were met during 1980-81:

A total of 1,455 trainees were in training during the year:

General psychiatry training	15
Child Psychiatry training	5

Psychology interns	5
Nursing students	74
Clinical pastoral education	21
Social work placements	3
Recreational therapy interns	10
Music therapy interns	4
Occupational therapy interns	1
Art therapy students	0
Pharmacy students	28
Vocational rehabilitation interns	3
Medical students (MUSC)	1
Medical students (USC):	
Clinical psychiatry rotation	33
Clinical neurology rotation	22
Psychiatry electives	18
Continuing education for physicians	1,023
Continuing education for clergy	115

Sixteen papers by members of the Institute faculty were accepted for publication by various journals.

During this fiscal year, 724 patients were treated as inpatients for a total of 32,780 inpatient days and 1,159 partial hospitalization patient days. 6,949 outpatient visits were recorded.

The quality assurance program is functioning well. All of the staff get involved in delineating problems and helping with solutions to these problems to enhance the quality of care rendered and the cost efficiency of the care given at the Institute. This is integrated throughout the hospital through committees, services, sections and departments.

"The Joe E. Freed Award" for the most outstanding paper written by a physician in training was won by Steven R. Lee, M.D. His paper was entitled "Para-natal Emotional Disorders: Management I. Pregnancy."

DEPARTMENT OF RESEARCH AND TRAINING GENERAL PSYCHIATRY RESIDENCY TRAINING PROGRAM

The General Psychiatry Residency Training Program was able to recruit five residents to begin their training July 1, 1980.

Two general psychiatry residents completed their training during the 1980-81 year. There was a total of fifteen general psychiatry residents in training during the past year.

Expansion of the didactic material in both community and forensic psychiatry has been accomplished, and the clinical rotations in both these areas have been expanded to include a number of facilities and agencies including an area mental health center, partial hospitalization program, a community-oriented transitional living center for long-term

clinically ill patients, a college with a predominately black population for on-site evaluations, consultation and referral of minority students and faculty for psychiatric care, a social rehabilitation center for people with emotional problems, a lung association for patients with long-term disabling lung disease are worked within a group format; in forensic psychiatry, supervised experience with assigned cases for evaluation, work-up, and staffing for determining criminal responsibility and related problems in forensic units and correctional facilities, courtroom experience in criminal and civil cases, work with the police department in an urban area with significant problems in crime and delinquency, experience in supervision by practicing forensic psychiatrists. In geriatric psychiatry, arrangements have been made for an increase in the resident's supervised admission and follow-up work on an elderly patient with psychiatric problems to have more experience and instruction in the medical/surgical and related problems of elderly patients. The development of regular weekly consultation teaching rounds and conferences on medical problems in psychiatry patients has been accomplished.

The results of the Psychiatry Resident In-Training Examination given in October, 1980, revealed that the mean for the standardized scores of the Institute residents exceeded the norm group mean for the national standard groups of all residents.

An application for Training Grant Continuation Support was developed and submitted on October 1, 1979, to the Department of Health and Human Services Public Health Service of the National Institute of Mental Health. The Institute received grant funds in the amount of \$29,300.00 for the period July 1, 1980, through June 30, 1981.

Recruitment efforts are being intensified and in addition to applicants from South Carolina and Georgia, applications were received from and candidates interviewed from medical schools in Pennsylvania, New York, Oklahoma, Tennessee, Missouri, Virginia, Massachusetts, and Washington, D. C.

CHILD PSYCHIATRY FELLOWSHIP PROGRAM

The Child Psychiatry Fellowship Program was able to recruit four residents to begin their training during the 1980-1981 year.

Two child psychiatry fellows completed their training in June, 1981. There was a total of five child psychiatry fellows in training during the year 1980-1981.

The curriculum of the Child Psychiatry Fellowship Program was revised and consisted of the following series: Common Problems in Child Psychiatry, Physical and Cognitive Development — Personality and Social Development — Deviations from Normality, the Toddler, Elementary School Age Children, Adolescence, Review of Common

Problems in Child Psychiatry, Family Therapy Series I and II, Review of Consultation-Liaison, Child Development, and Marital Therapy. Lectures were drawn from the entire University of South Carolina School of Medicine faculty as well as the Child and Adolescent Psychiatry Service. The series continued with collaboration of faculty and the child psychiatry fellows, general psychiatry residents, and psychology interns participating in giving certain of the lectures. In addition, a special series for the Child Psychiatry Fellowship Program was given at the request of the child psychiatry fellows. This included a series of lectures on clinical applications of biofeedback in child and adolescent psychiatry, clinical applications of sensory integrative theory, group psychotherapy seminars, sociobiology lecture, forensic psychiatry series, and more lectures on mental retardation with speakers coming from the Department of Mental Retardation and from the Greenwood Genetics Center.

Plans are being developed to transfer the Pediatric Consultation-Liaison Program to Moncrief Army Hospital which offers a great deal of clinical material available for the child psychiatry fellows.

The Child Psychiatry Fellowship Program was awarded \$96,351.00 for the fifth year of the program's five-year grant. The Pediatric Consultation-Liaison Program was funded with the grant, as well as child psychiatry consultants, and three stipends for child psychiatry fellows.

CONTINUING MEDICAL EDUCATION PROGRAM

Ten continuing medical education programs were conducted during the 1980-1981 fiscal year. The programs dealt with a variety of topics and featured outstanding, nationally-known speakers. The topics presented included:

- "Update on Forensic Psychiatry"
- "Disease Prevention: Role of Nutrition in Changing Life Styles"
- "Film Festival: On subject of Clinical Depression"
- "Psychological Aspects of Illness and Hospitalization"
- "The Difficulties in Treating an Alcoholic"
- "Psychoneuroendocrine Dysfunction in Psychiatry and Neurological Illnesses: Influence of Psychopharmacological Agents"
- "Problems in Child and Family Psychiatry for the Physician"
- "New Trends in Addictions"
- "Depressive Disorders in Office Practice"
- "Movement Disorders Update Teleconference"

The total attendance for these programs was 1,023 and included 537 physicians and 486 nonphysicians. A total of 52 AMA Category I Credit Hours were offered.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

The Clinical Psychology Internship Program recruited five interns from approximately seventy fully-qualified applicants for the internships for 1980-1981. Letters of inquiry about the program have already been coming in for next year which begins in September.

The grant funds from the National Institute of Mental Health have been retained for two continuation years, and the program has been renewed for \$10,080.00 for the upcoming year.

Psychology continues to be represented strongly in the training programs in other areas and is involved in the advanced curriculum of the second-year psychiatric residents — teaching group therapy, marital therapy, sexual dysfunction and therapy, hypnosis, biofeedback, and approaches to psychopathology.

Psychology Service sponsored a continuing education program in January entitled "The Problem of Change and the Change of Problems." The program was attended by 112 persons.

NURSING EDUCATION PROGRAM

There was a total of seventy-four nursing students in the Nursing Education Program during 1980-1981. These students represented three schools under contract: Orangeburg Regional Hospital School of Nursing (diploma), York-Lancaster USC (associate degree), and Coastal Carolina USC (associate degree).

The Chief of the Nursing Education Program was informed by the State Board of Nursing that all the students taking the basic program in psychiatric nursing in 1980-1981 passed the national accrediting examinations.

Three workshops on "Strategies of Test Taking" were offered by this program on January 30, 1981; April 14, 1981; and June 10, 1981. A total of 316 graduates attended these workshops. A yearly workshop will be held in the spring to accommodate all colleges that have nursing programs. All participants in these workshops were sent a questionnaire to complete after taking the national exams. An ongoing study will be the basis of an article in a national nursing magazine to be submitted in 1982.

A site visit by the State Board of Nursing was made on May 14, 1981, at the request of a proposed new program in nursing, the Sumter nursing program (associate degree program). Three other programs have requested meetings for a possible affiliation with this program for 1983 and 1984. No final decisions have been made.

The program was accredited by the State Board of Nursing in December, 1980, and earned a grade of excellence.

MUSIC THERAPY INTERNSHIP PROGRAM

Four students completed a six-month clinical internship in Music Therapy during the 1980-1981 year. These students were from the Shenandoah Conservatory in Winchester, Virginia; Alverno College, Milwaukee, Wisconsin; Cleveland Music School Settlement, Cleveland, Ohio; and State University College, New Paltz, New York.

PSYCHOPHARMACY ROTATION

During the year 1980-1981, twenty-eight pharmacy students from the University of South Carolina participated in the psychopharmacy rotation. These rotations were for four weeks, and there were four students in each rotation.

VOCATIONAL REHABILITATION INTERNSHIP PROGRAM

Three interns from the University of South Carolina's program of Rehabilitation Counseling completed clinical internships in psychiatric rehabilitation during the 1980-1981 year.

MEDICAL STUDENT EDUCATION PROGRAM

Thirty-five junior medical students from the University of South Carolina School of Medicine performed their junior clerkship at the Institute during the 1980-1981 year. While their main assignment was on one of the inpatient psychiatric units, they participated in the Adult Outpatient Department and the Child and Adolescent Services during their rotations.

Thirty-eight sophomore medical students videotaped twenty mental status examinations in the audio-visual section using volunteer psychiatric patients from the inpatient units. These students also came to the Institute for small group feedback sessions on their videotaping experience. Furthermore, forty-seven freshmen medical students also came to the Institute for feedback sessions on their videotaped life-history interviews which were performed at the School of Nursing on the University of South Carolina campus.

One senior medical student performed a three-week psychopharmacology elective at the Institute during the past year.

Two senior medical students from the University of South Carolina School of Medicine chose the Institute's General Psychiatry Residency Training Program for the PGY I year.

RESEARCH

Ongoing research by the Ensor Foundation Research Laboratory resulted in the publication of eleven papers and two books during the 1980-1981 fiscal year.

The tenth annual research symposium, "Psychoneuroendocrine Dysfunction in Psychiatric and Neurological Illnesses: Influence of Psychopharmacological Agents," was held October 27, 1980, and was attended by 100, including 78 physicians and 22 nonphysicians. Several books from various publishers were collected for display at the symposium and were donated by the publishers to the Professional Library of the Institute.

The Genetics Laboratory began the second phase of the project on B and T cell surface markers in Huntington's Disease. The new research done in collaboration with the University of South Carolina School of Medicine, Department of Microbiology, examines subsets of B and T cells and disease progression. A second research project, genetic control of chlorpromazine metabolism and the human major histocompatibility complex, was funded for \$2,000.00 by the National Institute of Health Dean's Discretionary Funds.

During the summer, 1981, a medical student learned human leukocyte T and B cell testing, basic tissue culture techniques, and some enzymology. This is being applied to research in the area of Huntington's Disease.

A staff member has given four public education presentations in South Carolina.

Ongoing research in the Genetics Laboratory has resulted in the publication of four papers. Three papers were presented at national and regional meetings during 1980-1981.

The Genetic Family Assessment Clinic sponsored a symposium, "Implications for Intervention: An overview of Psychiatric Genetics, in 1981. Presentations were made by geneticists from each of the regional centers in South Carolina.

There are currently 14 ongoing research projects at the Institute.

DEPARTMENT OF CLINICAL SERVICES

As a result of a decreased operating budget for this past year, it was necessary to close a twenty-three bed, female adult psychiatric unit with a resulting loss of eighteen positions. The total number of Institute beds is now 108.

A return survey by J.C.A.H. in October, 1980, resulted in the continuing accreditation of the clinical services for the remainder of the two-year period. An incalculable number of hours have been spent by numerous staff in preparing for this survey as well as the next survey by J.C.A.H. scheduled for October, 1981.

There has been a marked depletion of occupational therapists resulting in discontinuation of the program at this time. Recruiting qualified occupational therapists to the field of psychiatry is becoming increasingly difficult. While a decision is being made as to whether or not

reactivation of this program is either possible or desirable, other activity programs will provide necessary services to the patients. The outpatient department has shown a considerable increase in activity. Recruiting efforts continue for a full-time chief of this service. The clinical staff has taken on additional responsibility as a result of a contractual agreement with the Columbia Area Mental Health Center. Various physicians from the Institute provide direct service, teaching and supervision so that the Center has medical coverage during regular working hours.

During the past twelve months, the Teaching Pharmacist has continued to be involved in clinical, educational, and research efforts. The medication education program for patients continues to be successful. The American Psychiatric Association awarded the Institute a Significant Achievement Award for the Medication Education Program in September, 1980. In May, 1981, the Teaching Pharmacist received a Scientific Exhibit Award from the American Psychiatric Association for a Scientific Exhibit entitled "Psychotropic Medication Education Program" which was presented at the APA Annual Meeting in New Orleans, Louisiana.

During the year, numerous educational sessions related to psychotropic medications within the Institute were provided; those attending the sessions included psychiatric residents, chaplaincy trainees, music therapy students, recreational therapy staff and students, occupational therapy students and staff, vocational rehabilitation students, and pharmacy students. Twenty-eight pharmacy students from the University of South Carolina completed four-week clerkships during the past year. The Teaching Pharmacist gave sixteen presentations at state or local events and four presentations at national meetings and published two papers.

The nutritional assessment process has been developed to include diet history information from patients as well as family, evaluation of current nutritional status, recommendations for nutritional care, and evaluation for dietary counseling needs. Food acceptance surveys, as well as patients' needs assessments, have been done periodically throughout the year. Future plans for the clinical nutrition service include development of community resources for nutrition information when the patient is discharged from the hospital. Emphasis will also be placed on using those methods which have proven to be most effective in the provision of adult health education.

Nutritional training efforts included consultation services for inservice education to nursing staff, food service personnel, social workers, and representatives of activity therapy programs and a medical continuing education program concerning the role of nutrition as a preventive agent in health care. Programs for this year will include discussion of research in the areas of Allergy-Induced Mental Illness, Nutritional

Status in Anorexia Nervosa, and Southeastern U. S. Adolescent Nutritional Status (NIMH Grant).

GENERAL PSYCHIATRY SERVICE

In this past year, we have seen the closing of Taylor East in late December, 1980, which decreased inpatient bed capacity from 130 to 108. The average census rate increased from 80% to 95% during this fiscal year. The inpatient section has effectively provided South Carolina with psychiatric services as well as provided training for psychiatric residents, medical, nursing, and activity therapy students.

During the past fiscal year, an additional part-time psychiatrist was added to the Adult Outpatient Clinic who concentrated on teaching community psychiatry. General psychiatry residents and psychology interns rotated through the outpatient service. The number of intakes in the Clinic increased, providing a wider range of patients to meet training requirements.

The Partial Hospitalization Program, in collaboration with the Columbia Area Mental Health Center, presented a very successful symposium on June 8, 1981.

CHILD AND ADOLESCENT PSYCHIATRY SERVICE

The following trainees spent various periods of time on the Child and Adolescent Psychiatry Service during the 1980-1981 fiscal year; six child psychiatry fellows, seven general psychiatry residents, five psychology interns, five chaplain residents, one full-time summer medical student, one student teacher, and a various number of medical students on their third year clerkship.

Hopes for future plans include some reorganization of the Adolescent Inpatient Unit in order to be in adherence with J.C.A.H. standards and to more adequately and thoroughly monitor patient care. The Monday Morning Think Tank will be re-established so that milieu staff will be advised of current patient treatment plans, changes in the patient, etc.

Adolescent Staff members, in conjunction with others, accounted for six publications and were involved in eight research projects.

NEUROLOGY SERVICE

During the first half of 1980-1981, the Neurology Service operated without the services of one attending psychiatrist, who rejoined us in January, 1981. Bed occupancy was maintained at the 80% level or higher during the last quarter, a new achievement based on modified admission criteria. The new emphasis on referrals from the community at large resulted in transient declines in consultations, outpatient and EEG services.

An extensive teaching program was maintained including lectures and seminars for residents in psychiatry and fellows in child psychiatry, as well as summer student clinical research projects. The monthly CME programs for SCDMH physicians and special CME programs on Movement Disorders, Confusion in the Elderly and related topics were well received. About half the Class of 1981 USC School of Medicine completed six-week rotations on the Neurology Service during the year. As previously reported, findings of significantly lower incidence of senile dementia in Horry County, which has naturally high levels of fluoride in the water supply, contributed to the decision of the U. S. Environmental Protection Agency to delay implementation of lower fluoride requirements, thereby saving the State an estimated \$25,000,000. These findings received nationwide attention through newspapers, radio and television.

PSYCHOLOGY SERVICE

Overall, the Clinical Psychology Service continues to function well in the areas in which it has responsibility. These are service, training, teaching, consultation, and research.

All of the clinical psychologists were heavily involved in the training and teaching programs of the Hall Institute including those of the psychiatric residency program. This was achieved by giving lectures to the advanced residents on: group therapy; marital therapy; socio-cultural theories and approaches to psychopathology and also in the area of psychopathology; biofeedback; hypnosis; and, sexual disorders.

The interns continue to provide clinical services under the supervision of the Staff Psychologists.

SOCIAL WORK SERVICES

The Social Work Department was active in sponsoring or cosponsoring four major conferences during the fiscal year:

- (1) "Psychodynamic Issues in Adoption" cosponsored with the Adoption-Mental Health Network Committee.
- (2) "Genetics & Psychiatry" — presentation at the Director's Conference
- (3) "Depression & Delinquency" cosponsored with the S. C. Chapter National Association of Social Workers
- (4) "Implication for Intervention — An Overview of Psychiatric Genetics"

Members of the staff continue to be involved in teaching and training activities. Some of the specific activities include: a series of lectures in family therapy; lectures in transactional analysis, Gestalt group

techniques and psychodrama; a resource person regarding treatment and clinical issues in working with black families; lectures at the School of Social Work, University of South Carolina, and at Morris College; and a presentation at Spring Symposium of the S. C. Chapter of NASW.

Clinical services continue to be provided. This was the first year the Department had two full scale audits to assess the quality of social work services being given at the Institute.

A summary of monthly statistical reports reveals continued heavy service demands on the inpatient services.

Involvement in community organizations is also present within the staff. Staff members serve on the Foster Care & Review Board and the Board of Directors of Friendship Center. A member of the staff was elected as Secretary-Treasurer of the Southeastern Regional American Association of Psychiatric Services of Children.

Professional Growth is a continued goal for the Department. A variety of workshops have been attended by staff which included health care education, child abuse, sex therapy, depressive disorders in office practice, ethics issues in mental health, forensic psychiatry, psychological aspects of illness and hospitalization, marital and family therapy with alcoholics, and dynamics of the extended family.

Research activities have increased during the year. Several staff members participated in the gathering of data to write grant proposals which were approved. Most recently a research proposal studying couples who have married where each partner has a major psychiatric diagnosis has been written and approved.

NURSING SERVICE

A program for in-depth psychiatric nursing was planned and organized resulting in a program for psychiatric nurse clinicians for William S. Hall Psychiatric Institute. The program will begin in July, 1981. The objectives are to provide a course in current psychiatric theory and clinical experience to enhance the Institute's total Research and Training Program.

A seven percent cut of appropriated funds affected nursing service to the extent that thirteen positions were deleted. Positions were deleted by attrition and fortunately no employees were terminated.

ACTIVITY THERAPY

A new referral system was instituted this year which has accelerated patient input. Evaluation and assessment time has also been reduced.

Patients' programs are constantly being evaluated to see if they meet the patients' needs. As patient population shifts, adjustments are made.

Due to reassignments, the Recreational Therapy Department was able to provide full services to all units during the past year. All staff

members participated in Staff Development Workshops. Two staff members began conducting assertive training for the patients at the Institute. Workshops were also conducted by other staff members. The staff continues to be involved in State and National Therapeutic Recreation Associations. The Recreation Therapy Department at Hall Institute was nominated for a special service award sponsored by South Carolina Recreation and Parks Society. The winner will be announced in October, 1981.

All staff positions have been filled and there are no vacancies within the Music Therapy Department. The music therapy staff has participated in and lead workshops for Staff Development. The existence of a continuous waiting list for the Relaxation Group has led to the establishment of an additional group. The staff has also been actively involved in revisions and implementation of the Activity Assessment format and continues to keep abreast of Quality Assurance and Peer Review issues. Long range plans include additional staff in order to expand coverage for the Adolescent Unit, provide coverage for the Partial Hospitalization Program, and expand existing programs.

During the past year, the Art Therapy Department has concentrated services on Taylor East, Taylor West, and Dix East. A group was begun for the Partial Hospitalization Program as well. Patients served this year have been higher functioning, verbal, and with abstract thinking capability. Due to the decrease in occupational therapy services, current plans include expanding the Art Therapy Program so that it can accommodate patients with a wider range of skills and needs.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Service continued to provide clinical rehabilitation counseling to all sections of the Institute. Approximately 564 Vocational Status Assessments were completed from which 188 patients received services including Vocational Adjustment Training, Psychometric/Vocational Evaluation, and financial assistance for college and vocational training. An additional staff member, Vocational Rehabilitation Counselor, enabled the service to provide more substantial coverage. Three Interns from the University of South Carolina's program of Rehabilitation Counseling completed clinical internships in psychiatric rehabilitation. All professional members of the staff achieved their certification in rehabilitation counseling through the Commission on Rehabilitation Counseling.

ADMINISTRATIVE SERVICES

Each administrative section played an integral part in the achievements of the Institute during the 1980-1981 fiscal year.

The Administrative Service Division sets as its goal each year the maintenance of efficient support services for the Clinical, Educational, and Research Programs. Through adaptation and modification of methods and procedures, these services were provided at a high level of proficiency even though the needs continue to increase in complexity and volume. All members of the administrative staff are commended for their participation in furthering the progress toward the accomplishment of the Institute's mission.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR'S REPORT

Fiscal year 1980-1981 was marked by efforts at consolidation of progress made and stabilization from the strains of the impact of last year's rapid expansion to a 28 county catchment area. Fine tuning of all areas of operation was absolutely essential for Bryan Psychiatric Hospital to continue to serve such a large catchment area with the large number of admissions and fast turnover rate of the acute care patients.

Fiscal year 1980-81 was quite a successful and productive year for Bryan Psychiatric Hospital as evidenced by statistics. Bryan Hospital admitted a total of 2,859 patients during the year as compared to S. C. State Hospital's total of 2,542 patients, which includes the Court Unit and the Child and Adolescent Unit. Bryan Hospital averaged 238 admissions per month with an overall average length of stay of 23.4 days.

The greatest number of admissions occurred in July, 1980, with 271 and an overflow of 17 that were diverted to S. C. State Hospital. Chronic, long-term, multiple admissions patients were occupying beds needed to treat the large number of short-term acute care patient. It became quite obvious that Bryan Hospital could not function as the acute care hospital for 28 of the State's 46 counties as well as caring for a well established core of chronic, longer term, multiple admissions patients. The decision was then made at the Departmental level that those patients would be admitted directly to S. C. State Hospital beginning with their 10th admission (as a general rule). Thus, with some relief from this core of identified chronic patients Bryan Hospital was able to better handle the catchment area's acute care, short-term patients. However, some diversion to S. C. State Hospital due to overflow at Bryan Hospital continues to occur from time to time and this is a significant problem that needs addressing and is currently being studied.

During fiscal year 1980-81 an average of 13.7 per month of previously identified chronic, long-term, multiple admissions patients from Bryan's 28 counties were diverted directly to S. C. State Hospital for admission. Also, an average of 13 per month were diverted to S. C. State

Hospital due to an overload overflow at Bryan Hospital. In addition, 4.47% of admissions after treatment at Bryan Hospital were transferred to S. C. State Hospital for longer term care. The average length of stay at Bryan Hospital prior to transfer to S. C. State Hospital was 48.6 days.

One problem of the previous fiscal year was solved, that is, obtaining and retaining an adequate number of fully qualified psychiatrists. Physician recruitment in 1980-81 was quite successful and by July 1, 1981, Bryan Hospital had a full complement of psychiatrists to adequately furnish quality care.

Nursing recruitment is an entirely different story. Herculean efforts against discouraging odds were made throughout the year with the zenith of success being reached in April, 1981, with 72 licensed nurses (R.N.'s and L.P.N's) on board and with only 5 vacancies left to fill in order to reach a full complement. From this pinnacle of success the rest of the fiscal year was rapidly downhill. Competition for nurses among hospitals became even more intense and community hospitals began offering innovative inducements and incentives that went unmatched by the State system. Bryan Hospital ended the fiscal year with a serious shortage of nurses and this constitutes the single greatest problem to remaining fully operational and providing quality care.

Two areas which received great attention in 1980-81 were Patient Rights and Quality Assurance. These programs will continue as top priorities in 1981-82.

As fiscal year 1981-82 begins, Bryan Hospital's goals will be essentially, as last year, that is, to continue to consolidate, stabilize and maintain the progress in fulfilling Bryan Hospital's mission as defined by the Department of Mental Health while continuing to fine-tune operations for greater proficiency and to establish a data base for continued rational planning. In addition to continuing to be certified by the Department of Health and Environmental Control for Medicare and Medicaid, Bryan Hospital plans to apply for survey by the Joint Commission on Accreditation of Hospitals.

COMMUNITY AND PATIENT RELATIONS

The major thrust of the Community and Patient Relations Office in the area of community relations is centered around stabilizing and refining linkages with the mental health centers and other significant community resources in the 28 county catchment area. This included revising a number of the Memorandum of Agreements with the mental health centers in order to increase the effectiveness of the admission and referral processes. The social workers designated as liaison persons for the individual Mental Health Centers continued to maintain regular liaison with centers and when indicated other BPH staff participated in broader based community/hospital meetings.

A continuing goal of the Community Relations Service is to create and maintain a climate of openness and understanding with the community. During the fiscal year a total of twenty-three groups ranging from a delegation from the friends and family of the mental ill to groups of psychiatric residents were provided educational/orientation tours of the facility. Brochures and publications explaining BPH's mission and program continue to be distributed throughout the catchment area.

The facility's program to insure Patient Rights was implemented on a step basis over the year. Three Patient Right Specialists from the Community and Patient Relations Service staff were designated to respond to patient complaints. A Facility Rights Review Committee, composed of community, consumer, and facility representation was appointed and became functional during the year. Apart from a continuing need for staff education regarding Patient Rights, the facility's program is now being carried out in accordance with the appropriate Department of Mental Health directives.

The major activities of the components under the Community and Patient Relations Service are reported as follows:

VOLUNTEER SERVICE

Throughout fiscal year 1980-1981, Bryan's Volunteer Services, operating under the Community Relations office, continued to encourage community participation and integration of community resources in hospital programs. Thirty-six regular service volunteers were recruited to work in one of eight different positions including those involved in the Health Practicum Experience, contributing 1,930 hours of service. Volunteer groups contributed an additional 488 hours, 135 of which were contributed by volunteers from the University of S. C. who were very active in Bryan's Special Programming series. In addition to 2,418 hours of Volunteer Services, Bryan received a considerable amount of cash and material contributions in the 1980-1981 fiscal year which was used in the interest of patients.

CHAPLAINCY SERVICE

The Chaplaincy Service with one full-time Chaplain and one part-time Chaplain provide religious coverage to all the patients at Bryan Hospital. Arrangements are made for coverage by community clergy when indicated. The services provided include worship every Sunday morning, meeting with every new patient in a group to explain chaplaincy services, and leading with other disciplines various groups such as Religious Discussion, Communication, Assertiveness and Group Therapy.

The Chaplains take referrals from Treatment Teams and other sources to make individual patient contact, and to give pastoral counseling. The

clergy on staff provide spiritual and pastoral care to patients and employees when needed.

VOCATIONAL REHABILITATION SERVICE

Fiscal Year 1980-1981 has brought significant increases in Vocational Rehabilitation casework at Bryan Hospital. During the past year the Vocational Rehabilitation staff interviewed 886 referrals or 31% of the total hospital admissions (a 16% increase over the previous year); of the 886 referrals, 419 or 47% were found eligible for Vocational Rehabilitation services (a 33% increase over the previous year); 276 of the 419 cases were transferred to Vocational Rehabilitation field counselors in Area Offices across the State for follow-up services in their home community (an 85% increase over the previous year); 94 clients who remained in the greater Columbia area received job placement and follow-up services through the Vocational Rehabilitation office at Bryan Hospital; Vocational Rehabilitation at Bryan Hospital sponsored 11 clients in various training and educational programs after their discharge; through the efforts of the facility, 66 Bryan patients have been successfully rehabilitated this year (a 70% increase over the previous year) at an average cost of \$34. per rehabilitation.

NURSING SERVICE

The emphasis in Nursing Service this year has been on reorganization of structure. This has helped to provide more stability, direct-line supervision and has enhanced the leadership role of nurses. All nurses have been given responsibility for supervision of other nursing staff. Clearer lines of authority and responsibility have been established by revision of job descriptions.

The In-service section has implemented new programs that were needed to prepare nurses for their expanded role. The role of the nurse on the treatment team and as a treatment plan coordinator is now being addressed.

A nurse was placed as coordinator of the admission-escort team. Sixteen staff are now full time in this service. However, due to the number of trips and admissions, additional lodge staff still have to be utilized to help cover these services.

Clinical experience for student nurses from Core 2 and Core 4 programs of the University of S. C. College of Nursing was provided.

Nursing shortage is still a major concern. In spite of the effects to increase job satisfaction within our facility and improving conditions over which we have some control, the turnover has been great. At present, we have a total of 39 R.N.'s and 33 L.P.N.'s which is an increase of only 4 licensed nurses since last year.

SOCIAL WORK SERVICE

Social Work services were provided to over 2,800 patients during fiscal year 1980-1981. More than 2,400 specific referrals of patients were made to community mental health centers and other community resources during the twelve month period for aftercare/follow-up services. These referrals were documented in patient records and monthly reports submitted by social work staff members. Liaison efforts with the community were also increased significantly during the fiscal year with four additional mental health centers initiating personal linkage activities with patients and staff on a regular basis during the course of hospitalization. This kind of cooperative effort is now being conducted with six mental health centers. Additional attention has been given to the linkage and referral of court-discharged patients during the past fiscal year and we feel that this process has been strengthened.

The addition of staff center secretaries to the social work staff has made it possible for these individuals to more directly assist social workers with related clerical tasks. Efforts have also been made to improve the quantity and quality of secretarial services provided to the other staff center personnel.

Much of the social work documentation has been revised during the fiscal year in an effort to comply with accreditation standards. Quality Assurance activities have been increased and improved during the past twelve months, but this is an area that will need continuing attention during the present fiscal year.

The upcoming survey for accreditation which is scheduled to occur within the fiscal year will require a concerted effort from social workers and the other disciplines to make accreditation a reality.

PSYCHOLOGY SERVICE

Psychology service was involved in a state-wide audit of psychology positions until July of 1980. The result of that audit was the upgrading of all professional psychology positions at Bryan Psychiatric Hospital to Psychologist III's and IV's. The 7% reduction in personnel however, resulted in a loss of two of the eight professional positions leaving the service with only three Psychologist III's, two Psychologist IV's, one Chief Psychologist, and a BA level Psychometric Test Technician. Due to this reduction in professional staffing, two of the seven lodges do not have a professional psychologist assigned to them, and they must receive services centrally.

Despite this reduced staff the five professionals assigned to lodges provided 933 individual therapy contacts, over 500 groups, 150 family or marital therapy sessions, 1,737 initial interviews, and 250 psychological evaluations. They had approximately 8,700 contacts with patients dur-

ing the 3,000 hours spent in direct service which yields over 5,900 patient contact hours.

The Psychometric Test Technician completed 150 hours in treatment team meetings, and 503 hours in rounds.

Psychology Service participated as members, and chaired various hospital committees, and participated as members of departmental committees such as Primary Prevention, Family Planning, and Children and Youth Counsel.

Five of the seven psychology service members provided formal inservice training workshops for departmental or hospital employees. All staff participated in professional growth experiences via workshops or individual academic pursuit.

ACTIVITY THERAPY SERVICE

The Activity Therapy program at Bryan Psychiatric Hospital was conducted 8:30 A.M. to 9:00 P.M., seven days a week, 365 days of the year. Activity Therapy provided services in the areas of Art, Music, Occupational and Recreational Therapy in addition to offering cosmetology services, patient and professional library services.

Because of the patients short length of stay, a patient's day was very structured and intensive with patients being involved in approximately five to six hours of Activity Therapy programs per day. This includes participation in the day and evening programs.

Occupational Therapy continued to operate two clinic areas which provided Occupational Therapy services for the entire hospital. An Occupational Therapist Intern Program was implemented during the year.

Music Therapy expanded its services by offering programs in the evening and on weekends. In addition to groups, Music Therapy supplies and equipment were made available to be checked out to the lodges. Music for Sunday Worship Services continued to be provided by Music Therapy and a Music Therapist Intern program was once again started.

Art Therapy continued to be offered throughout the hospital and these services are also offered one weekend of the month.

Recreation Therapy continued its variety of programs and also scheduled many community groups and organizations to come in and present programs which represented community activities.

Cosmetology services were provided for all patients by two Registered Cosmetologists. This area has also been expanded by making certain cosmetology supplies, such as hair rollers and hair dryers, available on each lodge to aid in personal grooming skills.

Patient and professional library services continued to be provided as well as additional library materials which may be checked out and used

on the lodges. The library has also expanded its hours to include weekends.

MEDICAL ADMINISTRATION SERVICES

Admissions and Dispositions: During the fiscal year the admission rate has continued to rise with approximately a 31% increase over last year.

We have redesigned the admissions area to better utilize space and personnel allocation and to reduce congestion. We have also developed and implemented a patients bed assignment roster which is constantly updated. This roster indicates at a glance the number of bed vacancies and location.

Trips to the community transporting patients for court ordered examination and hearings continue to create many varied problems daily. Many of these problems require immediate attention and are usually handled by telephone. During this year we made 1,438 trips transporting 2,505 patients requiring 2,339 staff members.

Medical Records: The Medical Records area now has a direct connection (CRT) with the departmental computer system. This equipment has improved our ability to retrieve stored information. We have also added a Kardvayer which is used to replace and consolidate several small card file systems.

During this year we have received and processed 2,250 individual requests for medical information. We have made 876 requests for information on newly admitted patients.

We have examined 982 records for Utilization Review and recertified an additional 378 cases.

Total Records Reviewed — 1,360

As a result of this monitoring of records we have successfully met Medicare requirements for "WAIVER OF LIABILITY" three times during the past year.

Word Processing: Most of the professional services now utilize the Word Processing center and our workload has continued to grow. During this year we have transcribed 53,132 minutes of dictation through our central dictating system and 1,041 minutes of handwritten materials.

SAFETY AND PROTECTIVE SERVICES

The primary objective of this service is to insure that this is a safe and secure facility for staff, patients, and the public. This service has received approximately 4,400 calls for assistance and have spent approximately 3,500 man hours in answering these calls. A majority of calls have come from nursing service to assist with patients. When not on call, our staff provide a vehicular patrol to protect the perimeter and a walking

patrol inside the facility to look out for any potential problems. All officers have completed or have been scheduled to complete training at the S. C. Criminal Justice Academy. Our supervisory staff continue to work with the facility-wide key control systems which not only protects everyone but has also effectively limited larcenies of hospital property.

Our efforts in fire and life safety continue to improve the staff's actions and response to a fire condition. All new employees are oriented in fire and safety rules and regulations and are given brief evaluations after all required fire drills. All officers are specially trained in evacuation and fire fighting techniques. This dual role responsibility is most helpful and many municipalities have gone to this system to better utilize its employees.

Additionally, we have continued to provide back-up for drivers needed on out of town trips on a routine basis and also provide emergency transportation after normal working hours.

Our goal this year is to establish a traffic control center at the facility to better observe and direct pedestrian and vehicular traffic.

DIETETICS AND FOOD SERVICE

Bryan Hospital's Food Service provides regular and therapeutic diets to patients and employees. Approximately 600 patient meals and 100 employee meals were served daily during the past year.

Our dinner and supper meals continue to be prepared by Crafts-Farrow State Hospital Food Service and are transported to Bryan. Food Service also provides nourishments to patients as needed.

MATERIAL MANAGEMENT SERVICE

The Materials Management Service has as its basic function the procurement, receiving, safekeeping and delivery of materials and equipment required for the operation of the hospital. In addition, it is responsible for housekeeping services, linen control and distribution, and operation of the canteen and vending machines. During the fiscal year a number of innovations and improvements were made in systems and procedures in order to provide more effective support for clinical services.

Operational Procedures were developed during the year for Materials Management Components which will enhance day-to-day operations. This will also be a major step toward preparing this component for survey by the Joint Commission on Accreditation of Hospitals.

Plans were made for improvements in the office area of this Service. This work was substantially completed during the year and provides an improved environment for management and clerical functions.

MAINTENANCE AND UTILITIES SERVICE

The increased number of admissions during the fiscal year has had a substantial impact upon Maintenance and Utilities Service. Primarily, this has been apparent in the level of maintenance services required and the operation of motor vehicles.

Routine and preventive maintenance continues to be a major function of this service. However, with increased usage of buildings and equipment, the number of repairs and replacement of equipment has shown a continual increase. With increasing usage it is obvious that this trend will continue in the future. Leaks in the roofs of some buildings, which have existed since construction, are a serious problem not yet resolved.

In spite of the increased workload, a number of special projects were completed during the fiscal year by the Maintenance and Utilities Service. Some of these were:

1. Design and construction of a prototype nursing station for lodges.
2. Redesign of temperature control systems in a number of areas to provide better control of temperature and reduce energy consumption.
3. Rearrangement of office area partitions in lodges to provide improved working space for clinical staff.
4. Improvements in employee parking on the north side of the facility.
5. Rearrangement of the Admissions-Disposition Office.
6. Design and construction of improved office area for Materials Management.
7. Fabrication and installation of new basketball goals in the Physical Activity Center.
8. Campus improvements, including the removal of dead and damaged trees and stumps.

Another major function of this component is providing vehicles and operators for transporting patients to the community for court ordered hearings and examinations. During the fiscal year 334,000 miles were traveled for this purpose.

PHARMACY SERVICE

The Pharmacy Service has shown a significant increase in its operations and experienced several changes during the past fiscal year. This increased demand for overall pharmaceutical services continually challenged the time management and organizational skills of the Professional staff.

Professional time was utilized providing essential services such as review of physician medication orders, patient drug profiles, developing

a hospital drug formulary, preparing a pharmacy newsletter, providing current drug information to physicians and nurses, etc. Pharmacy Service reviewed daily laboratory work, including serum lithium levels and culture and sensitivity results for proper antibiotic therapy. Pharmacy Service assisted Nursing Inservice with Staff Development Programs involving drug therapy and continued the monthly psychopharmacology lectures for new nursing and other appropriate health care personnel. Pharmacy Service actively participated on administrative/clinical committees such as the Pharmacy and Therapeutic Committee and Infection Control Committee. All of the above professional services and an effective drug distribution system are performed as economically as possible.

The following statistical information is submitted concerning Pharmacy operations during the fiscal year.

<i>Function</i>	<i>Volume</i>	<i>% Increase</i>
Physician Medication		
Orders Reviewed	48,283	23%
Bulk Drug Requisitions		
Processed	1,769	36%
Individual Items Processed		
on Bulk Drug Orders	6,712	44%
Controlled Drug Requisitions		
Processed	1,952	24%
Items Dispensed for		
Individual Patients	5,753	30%
Discharge Medications Dispensed ..	1,980	5%

C. M. TUCKER, JR. HUMAN RESOURCES CENTER

The past year was full and eventful year at Tucker Center. The Center continued to focus on and refine its goal of providing the highest quality of long term care services for our patients.

A major effort of the year was the finalization of plans for construction of the Frank L. Roddey Pavilion, a 308 bed Intermediate Care Facility. This final planning phase was completed through the cooperation of all departments at Tucker Center and the office of Engineering and Planning, SCDMH. The result of the planning efforts were realized when the construction contract was awarded to the M. B. Kahn Construction Company and construction began in March, 1981. At this time it is projected that construction will be completed and the building ready for occupancy in the first quarter of 1983.

The Center received its annual licensure and certification inspections by the S. C. Department of Health and Environmental Control in the Spring of 1981. The Stone Pavilion was visited by personnel from the

Veterans Administration for the Annual Muster in September, 1980. All of these inspections resulted in favorable comments and few noted deficiencies. These reports were well received by Center personnel as an indication that Tucker Center continues to provide quality care and treatment to the citizens of S. C.

The Professional Services department continued to operate very effectively under the direction of the Director of Professional Services. The Professional Services continued to evaluate and refine the quality of long term care and treatment it provided during the year. Even though the Center was faced with budget cuts and frozen personnel positions the care provided continued to improve as evidenced by the reports from the various inspecting agencies. This high level of care was also made possible by the services of three full time Physicians, a board certified Psychiatrist Consultant, a Consulting Social Worker and other consulting specialists from various departmental facilities.

The Professional Services department experienced several personnel changes during the year. The Center Chaplain departed in May to pursue other endeavors and the Social Worker for the Fewell Pavilion retired in June. The Center was saddened at the unexpected passing of the Director of Professional Services in June, 1981.

The Nursing Service department improved its level of service during the year while absorbing budget and personnel reductions. Further reductions would have placed the Center in jeopardy since the hours of care required by inspecting agencies could not be met.

The Administrative Services departments improved throughout the year in its delivery of services in support of the Professional Services departments. The result was an overall increase in the quality of long term care and treatment provided.

The plans for the coming year included further planning for programs and personnel to staff the Roddey Pavilion and a concerted effort to move in the direction of becoming a teaching nursing home. Plans at present are to compete for available grant monies to enable the Center to reach the goal of becoming a teaching nursing home; additionally, a great deal of time and energy will be focused on planning for occupancy of the new beds.

ADMINISTRATIVE SERVICES

The Administrative Services departments acted to insure that the Center operated in conformity with the Department of Mental Health Policies and Procedures through expenditures and reimbursement review, budget preparation and maintaining of personnel actions. Administrative Services components continued to support and cooperate with Professional Services departments in order that Tucker Center could provide the highest quality of care and treatment to its patients.

Under the supervision of the Administrative Assistant, a Clerk II was employed to provide a new patient shopping service to the patients of Tucker Center. The new service was received favorably by both patients and staff.

FOOD SERVICE

The Food Service department operated quite efficiently during this year. The goal of the Food Service department was to continue to provide wholesome and attractive meals to patients and employees and to maintain a good nutritional status for all patients. Through the efforts and cooperation of the entire Food Service staff this goal was accomplished.

The facility Nutritionist worked closely with other Nutritionists of the SCDMH in coordinating workshops and revising diet manuals. The Nutritionist continued to serve as a member of the committee on the role of Nutrition in Primary Prevention.

The Food Service department had temporary help from the CETA program during the summer months. In the later part of the Fiscal Year the Food Service department suffered the loss of the Nutritionist who relocated in another state with her husband. In the coming year the Food Service department will continue to strive to upgrade its service to patients and staff.

MAINTENANCE AND ENGINEERING

During this year the Maintenance and Engineering Department has performed daily and routine maintenance on all buildings and equipment as required. In continuing efforts to make Tucker Center a safe and pleasant place to live, work and visit, many maintenance projects were completed.

Painting continues to progress with the interior and exterior of Stone Pavilion being completed. Ward 110 in the Fewell Pavilion was also painted during this period.

The grounds and shrubbery were routinely maintained in an effort to create a more pleasant environment.

REGISTRAR SERVICES

Patient activity this year included 127 admissions, 73 discharges, and 31 deaths. Total days service to patients were 101,457, average daily census 277.96, and 92.65% occupancy.

This department participated in an audit by General Accounting Regional Office for VA funding, Annual VA Muster, and many other

federal and state inspections. Quality Assurance standards for admissions and medical records were written. Accountability was established for differentiation of skilled and intermediate patients' level of care for cost containment.

Staff members attended many seminars and workshops required to keep abreast of changes in meeting standards as set forth by third party payers.

SUPPLY AND SERVICES

During the past year Supply and Services continued to provide the necessary support to Tucker Center.

Supply — Supplies have been distributed to sections of the facility in ample quantities. New drapes were installed in the dining room and recreation area of the Stone Pavilion. Property control was updated and changed to individual property accounts. Parts and supplies were obtained as required for Maintenance and Engineering to keep equipment operating.

Housekeeping — The evening shift hours were changed from 1:00 p.m.-9:30 p.m. to 10:00 a.m.-6:30 p.m. This change was effected to provide better coverage due to personnel shortage. The housekeeping staff has continued to maintain the facility in an excellent state of cleanliness.

Laundry — The laundry and linen staff were placed under the supervision of the Stores Supervisor. The laundry and linen staff and equipment have supplied adequate clean linens to operate Tucker Center.

Transportation — The dispatch of vehicles for patient movement was relocated to the Supply & Services office. A new clerk provided the necessary coordination to drastically improve the movement of patients.

Six CETA workers came to Tucker Center to work for seven weeks beginning on June 8, 1981. Two CETA workers worked in Supply and four worked in Housekeeping. They were helpful and filled the gap when regular employees were absent.

PUBLIC SAFETY

The Public Safety department completed its third full year of operation with a total staff of five Officers and a Department Chief.

During these past three years the Public Safety department has been very helpful in making Tucker Center a safe and secure place for our patients and staff to live and work. All Officers have attended advanced classes at the Criminal Justice Academy during the year. These classes have been and will be very beneficial in keeping the Officers abreast of new trends and developments in the area of facility public safety.

PROFESSIONAL SERVICES

The department continued to function exceptionally well under the guidance and supervision of the Director of Professional Services. There were no major changes in the Medical Services during the year. Medical Services is staffed by three full time Physicians, a board certified Psychiatrist Consultant, and a Social Work Consultant in addition to other consulting specialists available to Tucker Center through other facilities of the Department of Mental Health. Tucker Center Professional Service components include Nursing Service, Physical Therapy, Occupational Therapy, Activities Therapy, Social Services, Chaplaincy, Volunteer Services, Speech and Hearing Therapy, Music Therapy, and Quality Assurance.

The Professional Services department experienced several personnel losses during the year. Among these were the resignation of the Center's Chaplain and the retirement of the Fewell Pavilion Social Worker. The entire Center was saddened late in the year at the unexpected death of the Director of Professional Services.

Under the guidance and direction of the Director of Professional Services the Quality Assurance Plan was revised and distributed to all departments. The Plan was produced through the cooperation and hard work of all departments of the Center.

The Director of Professional Services continued to be involved with the planning of programs and staffing needs for the new 308 bed ICF facility which began construction in March of this year. The Professional Services departments are eagerly looking forward to the completion and occupancy of this new facility.

NURSING SERVICE

The focus of nursing has continued to be that of providing quality patient care. To maintain this goal nursing service has continued the process of developing, revising, and implementing care standards in accord with JCAH Quality Assurance Guidelines and State and Federal Laws. Emphasis continued to be placed on developing and retaining nursing staff members. However, during the year there was a termination of sixteen Mental Health Specialists; of the sixteen terminations, fourteen were Mental Health Specialists I. The most common reasons for termination were: falsification of application; failing basic inservice education; and poor job performance. During this time seven Staff Nurses were terminated, four of which left for better job opportunities.

Nursing Education has continued with the multi-phased education program. During this time twenty-six Mental Health Specialists I successfully completed basic inservice training. Continuing Education Programs have been offered monthly to various levels of nursing personnel utilizing "A Topic of the Month" theme.

Some of the monthly topics included: Infection Control, Fire and Safety, Burnout, Nutrition, Drugs Update, Patients Rights, You Job and The Law, and Quality Assurance. The professional staff of various services were utilized in the "Topic of the Month" program.

Clinical experience was provided for twenty-eight nursing students from the University of S. C. College of Nursing, twenty-five Practical Nursing Students from Midlands Technical College, and twenty-five Practical Nursing Students from South Carolina Baptist Medical Center.

On June 1, 1981, a new Thirty Day MAR Record was implemented. This was recommended by SCDHEC during their Annual Certification visit in April.

The goal of Nursing Service for the year 1981-82 is to complete implementation of Quality Assurance Guidelines and continue to provide Quality Patient Care.

ACTIVITY THERAPY

During the past year Activity Therapy Service has maintained its community program while broadening its ward program to include more individual and one-to-one activities.

Some positive highlights were: Covered Dish Dinner (Thanksgiving); Carnival (Halloween); South Carolina State Fair; Dog Show, Fort Jackson Canine Corp (Field Day); Egg Hung (Easter); Annual Circus; Annual Handicapped Zoo visit; Resident and Staff Talent Show; Valentine Party; Cinderella Girl Performance; and, Kinder Care Day Care Center performance.

Activity Therapy Service accepted and trained five students from local schools in the area of Recreation Therapy. These students were four recreation interns from Benedict College and one recreation intern from Midlands Technical College.

Activities remained intact with some changes in times and days. Community activities were reduced to one activity per week per building due to budgetary limitations and efforts to better utilize personnel.

Other noted changes during the year were: movie sessions were changed from Wednesday nights to Friday mornings in each building starting at 9:30 and Monday night Bingo games were moved to 3:30 in the afternoons on Monday. Changes were made to increase the total number of residents that participated. A large percent of our residents retire to bed early after the dinner meal; therefore, evening activities, such as 6:30 p.m. movies, are not well attended.

Activity Therapy began covering weekends during this past year. An Activity Therapy employee works each Saturday in Arts and Crafts. Keeping Arts and Crafts open on Saturday gives our residents a wider range of activities and leisure experience.

Plans for the coming year include more individual patient staff activities and attention to self help kinds of groups.

OCCUPATIONAL THERAPY

The Occupational Therapy Department started two new patient groups. These include a low level Socialization Group and a Sensory Stimulation Group for the patients on Ward 112-C.

Special activities for patients receiving Occupational Therapy included a picnic and a dinner for an Occupational Therapy Group consisting of patients from Fewell and Stone Pavilions. Additional sessions of the Specialty Group were held to make Christmas decorations to use in decorating the Christmas tree in the Fewell Pavilion dining area. The Occupational Therapy department assisted the Activity Therapy department in escorting Tucker Center patients to the South Carolina State Fair and the Riverbanks Zoo, in sponsoring the staff-patient Thanksgiving Dinner, in decorating cookies served at the Valentine and Halloween dances and in dyeing eggs used in the Easter Egg Hunt.

A member of the Activity Therapy Staff gave a needlepoint demonstration to the members of the OT Specialty Group on March 6, 1981.

One member of the Occupational Therapy Staff attended three workshops sponsored by SCDMH Staff Development. "Physical Fitness — How To Get There," "Dreams and Symbols in Psychotherapy," and "Art Therapy." Another member of the department attended two workshops: "Quality Assurance for Physical Therapists and Occupational Therapists" and Legal Aspects of Documentation."

The Occupational Therapy Department has maintained an average case load of approximately 60 clients during the year.

PASTORAL CARE

Pastoral Care Service operated well during the year and continued to provide for the emotional and spiritual needs of Center patients. The service was staffed by a full-time Clinical Chaplain with worship opportunities provided to all faiths.

The Chaplain was involved in a number of pastoral activities during the year. These included approximately 150 chapel services and masses, 1,250 Patient Care Conference visits, and 470 pastoral counseling sessions held as assigned by the Patient Care Conference Staff. The Chaplain made regular ward visits, held other counseling sessions, saw all residents twice upon admission and informed the home pastor of the patient's admission when written approval was given.

The Pastoral Care Service completed plans to establish a Pastoral Services Committee and three meetings were held during the year. This committee was made up of staff and community ministers and lay persons. The function of the committee is to review Pastoral Care

Policies and programs and to advise the Chaplain on these matters in order to provide needed support.

The Chaplain resigned in May, 1981 to pursue other endeavors. During the coming year a replacement will be sought. The goal of this department will continue to be to develop a closer working relationship with the patients, their family members and employees of Tucker Center.

PHYSICAL THERAPY

The number of patient treatments given this past fiscal year is lower than it has been in the past three years. A total of 3,479 treatments were given this year as compared to 3,849 treatments last year. The number of patient referrals were also down as well as the number of missed treatments and discharges from the Physical Therapy Program. The patient load in the first six months of fiscal year 1980-81 was consistent with the past three years' figures. But the last six months of this fiscal year revealed a sharp decline in the number of patient treatments and referrals. This is in part due to the majority of patients at Tucker Center not requiring our services or having received the maximum benefit from our services. Further investigation into the patients' need for Physical Therapy at Tucker Center is warranted for the next fiscal year in order to increase our patient load. The character of the patient population seen this past fiscal year has not changed. The Physical Therapy department continued to provide services to a variety of patients having medical problems with the Central Nervous System and the Muscular Skeletal System. Treatments are given on a one-to-one basis generally five days per week. Emphasis has been on goals directed to increasing the patients functional capacity and reducing pain. Considerable time has to be spent on motivating patients and dispelling their fears.

The opportunity for continuing education experiences during working hours was made available to all members of the Physical Therapy staff. All three employees took advantage of these opportunities with each one attending at least two programs held at Tucker Center, one program sponsored by SCDMH Staff Development and one program sponsored by AHEC. In addition, the Physical Therapy Supervisor continued her involvement with the Physical Therapy Association as President of the State Chapter and now as its Treasurer. The Physical Therapy Supervisor's attendance at the State meetings and the 1981 American Physical Therapy Annual Conference in Washington, D. C. was the highlight of her continuing education experiences. The practice of Physical Therapy is changing dramatically with the Association's condonment of practice within this field.

In an effort to continue our Service's responsibility to patient care and preventive medicine, a number of classes sponsored by the Physical

Therapy Department were held for Tucker Center employees and students. Classes were also held for employees of Crafts-Farrow State Hospital providing a total of 22 hours of instruction from a Registered Physical Therapist. A two day workshop in Physical Fitness was again presented at the request of Staff Development and participation in Columbia High School's Career Day was also part of my past fiscal year's activities. Teaching responsibilities have decreased in the past six months, but plans are being made to institute Nursing Rehabilitation classes in the Fall of 1981.

This past fiscal year revisions to the Physical Therapy Procedure Manual were made in the form of additions. Standards for Physical Therapy Care were written and incorporated into this Manual as well as Quality Assurance Guidelines. A Glossary of Physical Therapy Terms was compiled to be included in our Manual and will be circulated to the necessary medical personnel at Tucker Center. Equipment needs were also re-assessed, but due to the severe limitations in our Budget, no new equipment was purchased this past year. Replacement of expendable medical equipment and supplies was possible and was supplemented by more patients paying for their personal medical equipment needs.

In last year's Annual Report four goals were set for the coming fiscal year. Only one of these goals has been met, that of updating the Physical Therapy Procedure Manual and the writing of Patient Care Standards. Our goals of acquiring a biofeedback unit for the neurologically impaired patients was not feasible due to Budget cuts. In accordance with the Nursing Inservice Education Instructor, the classes for Rehabilitation Nursing scheduled to begin last year were delayed until this Fall. As of this date, the Physical Therapy department has not actively participated in a Patient Care Audit Study although process criteria for auditing hip fracture patients was submitted over a year ago to our PSRO Coordinator.

For the next fiscal year we will direct our efforts toward accomplishing the following goals: 1) Increasing the patient load by 50%, 2) Instituting Rehabilitation Nursing classes for Nursing Personnel at Tucker Center, 3) Circulating Glossary of Physical Therapy terms to Tucker Center medical personnel, 4) Providing the time and encouragement to Physical Therapy staff to continue their involvement in continuing education activities, and 5) Following up on the Patient Care Audit Study submitted to the PSRO Coordinator. Because of the Budgetary restraints, the acquisition of non-expendable medical equipment for the Physical Therapy department is not anticipated this next fiscal year.

MUSIC THERAPY

Music Therapy has continued its active schedule during the past year with 116 patients being involved in groups. Sing Along, Chapel Choir,

and Blind Patient Listening Groups were held on a regular basis in both Stone and Fewell Pavilions; a dance therapy activity was begun during the last quarter for Ward 112.

Assistance was also given to the Director of Volunteer Services with visiting groups during the year, with additional assistance being given to the Director during the final quarter while she was unable to be in Patient areas.

Music was supplied for all Sunday Worship Services as well as seven Special Services. A Christmas organ recital was presented by the therapist during this year.

Standards of Care were written and presented to the Quality Assurance Committee.

Orientation Sessions were presented to the RN and LPN students for Nursing Service and to the Pastoral Care Committee at the request of the Chaplain.

The Music Therapist served on the Facility Committee for Primary Prevention, as recorder for the Facility Improvement and Human Concern Committee, the Tucker Human Resources Center Outstanding Employee Committee — 1980, and as chairperson for the Christmas Party Committee.

The Music Therapist attended the following workshops: "Music, Laughter and Tears" presented by Mrs. Deanna Edwards; "Orff-Schulwerk Therapy" presented by Bette West; "Music and the Handicapped," presented by Dr. Nell Sims; and "Relaxation Therapy" through the Staff Development Program.

Plans for the coming year are to upgrade and improve services to provide musical enhancement to the lives of those entrusted to our care.

SOCIAL SERVICES

The primary goal for the Social Service department during the past year was to provide patients and families the best possible supportive services to meet their individual needs. Much effort was spent helping patients cope with their anxiety over their hospitalizations and illnesses, and helping families overcome their feelings of guilt about this hospitalization. When appropriate, Social Workers initiated and carried out discharge planning.

Services were provided to approximately 300 residents by two full-time Social Workers. These Social Workers met on an average of once a month with the Social Work Consultant in an effort to continually upgrade the department.

The Social Service department developed a Social Service Quality Assurance Program. The Social Work Policies and Procedures Manual was again reviewed and updated.

Professional growth and education was emphasized with both workers participating in a variety of training programs.

One Social Worker was selected to serve as a Patient's Rights Specialist. This Social Worker later conducted an inservice training program on Patient's Rights for all Tucker Center employees.

A student from Benedict College did her field placement at Tucker Center. The Stone Pavilion Social Worker served as the field instructor.

Quite a lot of time was spent doing routine paperwork reports which included admission notes, social histories, final summaries, quarterly reports and annual reports.

The Fewell Pavilion Social Worker retired at the end of the fiscal year.

VOLUNTEER SERVICES

During this fiscal year volunteers worked in the following services: Recreation, Chaplaincy, Music, Occupational, and Volunteer Services. Some of the ways volunteers were used were: in getting patients to and from activities such as sing-alongs and chapel services; playing piano and leading sing-alongs; setting up for chapel services; socialization groups; reading; writing letters; friendly visitors; arts and crafts; helping in volunteer services office; and wrapping Christmas gifts. Nineteen individual volunteers worked during this period. At the present time there are twelve active individual volunteers coming to the Center at least once a week and twelve groups coming on a regular basis.

Individual volunteers gave a total of 1,195 volunteer hours and groups gave a total of 1,225 hours. There were 76 special activities hosted by volunteers this fiscal year not including weekly sing-alongs for both buildings or the monthly birthday parties.

There were 127 donations from individuals, groups, and businesses this year. Some of the items donated were: clothing, grill, charcoal, books, magazines, ice cream, cupcakes, items for the Halloween carnival, Cokes, jewelry, shoes, perfume, handbags, and \$547.00. We also received donations of donuts 4 days a week. At the request of our physician, dietitian, and other staff members, the daily donations of donuts has been decreased to once a week as of the end of June.

All routine volunteer duties of contacting businesses and individuals to work or make donations, correspondence, record keeping, orienting new volunteers, and charting on patients seen individually by volunteers, was performed. The Director of Volunteer Services was present at all parties and group activities, spent some time with individual volunteers, held monthly birthday parties, and picked up donations.

The Director of Volunteer Services participated in various meetings and workshops during the year including the Voluntary Action Center's Annual Luncheon for Outstanding Volunteer of the Midlands. The

Volunteer Department's standards of care were presented to the Quality Assurance Committee.

SPEECH AND HEARING

A total of twenty-two patients were seen by Speech Therapy for evaluation and/or language disorders during this fiscal year. Present caseload receiving therapy is sixteen patients, seen for a total of thirty-nine sessions each week. Present speech problems being treated are receptive and/or expressive aphasia, apraxia, dysarthria, delayed language, vocal misuse, and articulation errors. Pure tone hearing screenings have been administered to all new admissions, excepting those patients who were unable to respond.

The Speech and Hearing Therapist served this year on the Tucker Center Outstanding Employee Selection Committee, the CMTHRC Audit Committee and the SCDMH Grants Review Board. Meetings attended included Joint Staff Meetings, V.A. Screenings, and Treatment Teams when speech therapy patients were scheduled. Orientation sessions were presented to the RN and LPN students and also to the Pastoral Services Committee regarding Speech and Hearing Services at CMTHRC. Two workshops, "Burnout" and "Cardiopulmonary Resuscitation," were attended.

Speech Pathology Standards of Care were presented to the Quality Assurance Committee and a copy of the standards was routed to all committee members. No additions or deletions were made.

The Qualitone Portable Audiometer, purchased in May, 1980, was calibrated May 20, 1981.

Our facility was surveyed by DHEC in April and received certification. Speech and Hearing Services had no deficiencies or recommendations.

QUALITY ASSURANCE

During this year the Quality Assurance Plan has been written, revised and distributed to all departments. Directives concerning the Quality Assurance Program and the Quality Assurance Committee were written and distributed.

Each department has been requested to submit an annual and oral report to the Quality Assurance Committee. This was in accordance with a recommendation by the Joint Commission on Accreditation of Hospitals. All professional services departments have submitted their annual report to this committee.

In February, 1981, PSRO collected data for a Quality of Care study on indwelling catheters. Results of this study were mailed to us in June, 1981. The long term care committee commended our staff for the

excellent treatment of patients with catheters. In May, 1981, PSRO collected data for a Quality of Care study in the use of Lasix and Tranquilizers. PSRO continues to monitor Medicare and Medicaid records every two weeks. Recently the Center was informed that Federal funding for the Long Term Care Program of PSRO expires September 30, 1981. This function will revert back to the Fiscal Intermediary as previously performed.

In May, 1981, the Quality Assurance Coordinator conducted an in-service program on Quality Assurance Program for seventy-one nursing staff members. A workshop on "The Nurse as Supervisor" sponsored by the University of South Carolina College of Nursing was attended in March, 1981.

Also in March of this year, the Quality Assurance Coordinator participated in orientation of University of South Carolina student nurses to the facility, and in May and June conducted a tour of medical students from the William S. Hall Psychiatric Institute through the facility.

Preadmission review is conducted on all new admissions by this office. The Quality Assurance Coordinator participates in the Veterans Administration Screening held monthly.

Objectives for the coming year will focus on refining the Quality Assurance Program and the organization of an Admissions Evaluation Committee.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

The improved organization, management and delivery of community mental health services throughout the state continued as top priority for the Division. One additional community program, the Aiken-Barnwell Mental Health Center, attained comprehensive status making a total of fifteen comprehensive mental health centers in the state's sixteen catchment areas. Efforts to designate Berkeley County as an additional separate catchment area were completed as the fiscal year ended. Oconee and Pickens Counties have continued to pursue catchment area status to some degree, though a final decision in this separation has not been made.

Standards audits and site reviews were conducted in all centers this year. Standards for Community Mental Health Services were revised during the year. Active consultative and liaison functions with center Boards were maintained. Grant reviews and training activities were conducted by the Division.

Due to strong state legislative funding and program support, the Division has been able to maintain its service delivery capability. How-

ever, funding has continued to be problematic with local funds tending to reach capacity and federal funds decreasing except for the new funding of the Aiken-Barnwell Mental Health Center. Efforts to provide an adequate level of services continue, but reduced services delivery is an eventuality if decreasing federal resources are not replaced by state and local funding.

Highlights of the Division's various components, special programs, and reports from community mental health centers and clinics follow.

ADDICTIONS AFTERCARE

During fiscal year 1980-81, community mental health centers reported 794 patients with alcohol and/or drug abuse diagnoses. These patients received in excess of 1,393 hours of clinical services. Addiction Specialists in the centers/clinics provided and/or coordinated the majority of these services. Centers reported 301 consultation and education sessions on addictions and related issues.

Funds were not available in FY 1980-81 for the Division to provide one Addiction Specialist position in each of the sixteen centers in the state. A percentage of the salaries for five Addiction Specialist positions was provided by a supplemental appropriation. Three centers had no Addiction Specialist. The remaining centers funded Addiction Specialist positions which devoted various percentages of their work time to addictions services.

Centers maintained a structured referral and aftercare program in cooperation with Morris Village. The Addictions Consultant in the Central Office of Community Mental Health Services continued to coordinate alcohol and drug abuse programming within the Division.

AFTERCARE SERVICES

There continues to be in excess of 9,000 patients who are in aftercare programs in the sixteen community mental health centers and clinic. They received over 62,000 hours of services. Services are geared toward meeting the needs for long-term follow-up care through medication maintenance, group or individual psychotherapy, socialization, life skills development and case management for assuring access to other center programs as well as community resources.

Written Memoranda of Agreement, that foster greater continuity of care and joint discharge planning on behalf of the patients, exist between each community mental health facility and the state institutions. Written Memoranda of Agreement that address some of the needs of the aftercare population have been negotiated between the SCDMH and various state agencies.

The Divisional office continues to provide on-going technical assistance, program consultation, and some medical psychiatric services.

Emphasis on the concept of Community Support Services continues to the extent that resources allow.

PROGRAMS FOR AUTISTIC CHILDREN AND ADOLESCENTS

Since 1972, the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for autistic and "autistic-like" children in South Carolina. In addition to the three model treatment and training centers located in Charleston, Spartanburg, and Columbia, therapeutic classrooms for autistic children are located in Florence, Conway, Rock Hill, and Greenwood. In four of these locations — Charleston, Florence, Conway and Greenwood the programs are provided through a contract with a local school district. In Spartanburg, the Department has contracted with the Charles Lea Center for the provision of the service, and the program in Columbia is a facility of the Department. State funds support all of these programs in addition to school district funding as required under P.L. 94-142. A unique program has begun at South Carolina State College as part of the Speech and Hearing Program. The Department has a contract with the college for provision of technical assistance training and consultation to a class for autistic pre-schoolers. The Judevine Developmental System serves as the basis for the treatment model in all of the programs. This system is described as a "unified, coherent, comprehensive application of learning and behavior principles to the task of supplying a complete therapeutic environment which assists children with severely disordered behavior and language to behave more normally."

An important component of the service delivery system is the training which is coordinated out of the Community Mental Health Services Office. Competency-based modular training as well as specialized workshops are provided to professionals, parents, and para-professionals. This year, the training was made available to more than 60 professionals from around the state who would, as a result of the training, be able to provide therapeutic-educational experience specifically designed to meet the unique needs of autistic children and adolescents. The Autistic Program also offers consultation to public school and agency personnel who serve autistic people. Evaluation and Diagnostic services are available at all programs or through Central Office.

Programming for autistic adolescents and young adults is offered in the programs in Charleston, Florence, Conway, Spartanburg, Columbia and Greenwood.

Another innovative program was undertaken this year. A residential, one week camp for autistic children was administered by the Department and jointly sponsored by the Department of Mental Health and the South Carolina Society for Autistic Children. This program provides

a camping experience for 32 children as well as respite care for their parents.

There is a significant need for a community treatment home for autistic adolescents and young adults. It is anticipated that a community treatment home for six autistic people and offering one respite bed will open this year.

CHILDREN SERVICES

During the period January through March of 1980, 18.5% of all individuals seen in mental health centers were in a children's program focus. The corresponding percentages for other 1980 quarters follow: April-June, 16.8%; July-September, 14.8%; and October-December, 16.8%. In the last quarter for which complete data is available, January through March 1981, 17.4% of CMHC clients were seen in a children's program focus.

According to reports from Directors of Community Mental Health facilities there were 137 full time professional, administrative, and professional staff members in the Division of Community Mental Health Services assigned to children's services on a full time basis. Including individuals working with children on a partial time basis, the Division had 182 full time equivalent staff members working with children. Sixty-six staff members in mental health centers and 70 staff members with autistic children's programs and Camp Logan provided direct services to children on a full time basis. The FY 1980-81 7% reduction in personnel and budget was especially disruptive to children services and resulted in reductions in the number of full time staff assigned to these services in many community mental health centers.

It is anticipated that as a result of federal and associated matching fund reductions, an additional 17.6 full time children's services positions will be lost in FY 1981-1982.

CAMP LOGAN

No funds were appropriated for Camp Logan during FY 80-81, so camp could not begin until FY 81-82 appropriations were available. The summer '81 program, thus, began much later in the season than usual. The same situation is anticipated for next year, so whereas camp has traditionally begun early in June, it will, for the foreseeable future, begin in very late June or early July. Involving staff during mid-summer creates some additional recruiting difficulties.

For the past several summers the camp budget has been reduced progressively and significantly. Four seasons ago, counselors' salaries were \$15 a week more than current salaries. At that time, the camp used three vans to transport children to varying activities. At this time, the camp has only one van for this purpose. The number of scheduled

prepared hot meals for campers and staff has been reduced to a total of seven per person per week.

Austerity in budgeting has reached the point of impairing the therapeutic program even though the length of the program has been reduced from seven to six weeks per season. More optimal results can be attained only if camp is again allowed a longer season.

Budget reductions have been made to the point that the camp program cannot continue to exist in its present form without a 20% increase in funding next year. Without this increase, the number of children served will of necessity be reduced.

Much more emphasis is currently being placed on primitive camping as a therapeutic modality. Families are being integrated into the therapeutic process to a greater degree and as much as possible given budgetary and travel limitations.

CONSULTATION AND EDUCATION SERVICES

Consultation and Education continued to give attention to: (1) management and administration issues, (2) staff skill development, and (3) activities specifically targeted for special populations during the 1980-81 fiscal year.

In terms of management/administration, attention has been given to redefining consultation and education, needs assessment and priority setting, and coordinating activities among the various mental health service elements in accomplishing consultation and education tasks. Staff skill development focused on resource identification and utilization, contract negotiations and development, and monitoring and evaluating service delivery.

Activities specifically targeted for special populations included the development of materials pertaining to children for parents and school personnel, the development and participation in stress management programs for personnel in human services, business and industry, and consultation/training activities pertaining to Black citizens' participation in the management, delivery and utilization of mental health services.

Centers reported a total of 37,232 hours of consultation and education services. This represented 10.4% of all reported services provided by the centers. Additionally, a total of 30,203 hours of prevention activities were reported. This represented 6.16% of all reported time from the centers.

EMERGENCY AND PRECARE

The mental health centers have emergency services available twenty-four hours/seven days per week. This means a mental health professional is accessible by telephone with capability for arranging for

face-to-face encounters and medical backup accessibility if necessary. Efforts have been made to have telephone accessibility throughout the catchment areas with a minimum of inconvenience or expense to the caller. The clinics usually do not have twenty-four hour emergency service capability, however after hours services are generally available through linkages with other community caregivers such as hospital emergency rooms, local physicians and law enforcement.

Precare Services are provided through community based intervention and treatment as an alternative to admission to a state institution. The limited funds available for this program have been used to purchase the services of local hospitals, physicians and for psychotropic medications for the medically indigent patient with supportive services provided by the center, family and other community resources.

Emergency and precare services are closely linked and interface with all other services of the center as well as community resources. While efforts have been made to strengthen the visibility, accessibility and quality of the services, we continue to face problems in having adequate resources to meet the needs in many areas. The projected loss of court screening funds will have a significant impact on the emergency/precare in the eight centers that have been the recipients of these funds.

During 1980 there were approximately 10,000 contacts in emergency and precare services.

Technical assistance, consultation, as well as monitoring of the availability of these services continue to be functions at the divisional level.

FILM AND BOOK LIBRARY

Educational materials relating to mental health were made available to thousands of individuals and groups throughout the state in FY 1980-81 through the Film and Book Library under the Division of Community Mental Health Services. Individuals using the resources of the Film and Book Library included psychologists, teachers, ministers, social workers, administrators, guidance counselors, nurses, students and many others. Groups included schools, colleges, churches, hospitals, mental health centers/clinics, nursing homes, civic groups and many local, state and federal agencies.

During the year, a total of 7,468 films, filmstrips and cassettes were distributed with a viewing audience of 397,321. In addition to the audio-visual materials, a selection of approximately 1,600 books and more than 20 different journals were made available to the public. Printed materials from the Office of Primary Prevention Services and audio-visuals from the Learning Lab program were also distributed statewide.

The facilities of the Film and Book Library were utilized by numerous patrons during the year for the purpose of selecting and previewing

films. Consultative and referral services were provided to those who requested assistance in program planning.

Film Festivals coordinated by the Film and Book Library in 1980-81 were as follows:

1. South Carolina Commission on Aging: Summer School of Gerontology
2. Community Mental Health Services: Adolescent Needs
3. South Carolina Gerontological Society: Annual Meeting

The primary goal of the Film and Book Library is to provide top quality resources in mental health education to the people of South Carolina.

INSERVICE TRAINING

Training programs sponsored by the Central Office during the fiscal year include: Training in Board Membership, Black Citizens and Mental Health, and Orientation for Support Staff.

Technical assistance contracts were awarded to centers in the state by the Health and Human Services Regional Office in Atlanta. Technical assistance was provided in Quality Assistance, Fiscal Management, Aging, Consultation and Education, and Administrative Management.

The Division cooperated with the Departmental Office of Staff Development in offering training. Several Central Office staff conducted training sessions through the Office of Staff Development. Staff Development personnel conducted training programs on-site in centers on patient rights and legal issues, writing treatment goals and plans, advanced supervision, an educational approach to human sexuality, and problem solving techniques.

No funds were available for mini-grants from the Central Office to each center for training.

Approximately 700 Division employees participated in one or more training programs during this fiscal year.

PLANNING AND PROGRAM DEVELOPMENT SECTION

The Planning and Program Development Section, CMHS, continues to coordinate Divisional planning activities. The scanning of printed materials related to current or projected trends, the keeping familiar with current state and federal legislative activities, the reviewing of various demographic data, and the continuous deployment of technical assistances are daily occurrences.

Too, the Section serves the function of catalytic agent for Divisional compliance with state and federal regulatory requirements. Dialogue occurs on various strata, be it at the agency, state or federal level. Major

work efforts of the previous year were: the State Mental Health Plan, the State Auditor's Grants and Contracts Review Unit, and the SCDMH Grants Review Board.

Titles XVIII (Medicare) and XIX (Medicaid) are also coordinated by the Section. The Section liaisons with the administering entities and renders statewide technical assistance. Efforts are made to garner all eligible reimbursement with tremendous energies being expended during the previous year in the development of a more satisfactory Medicaid contract. The fruits of this labor hopefully will be forthcoming in the near future.

Thus, the scope and variety of services of the Planning and Program Development Section are significant. Local, state and federal linkages help to avoid undesirable possibilities which could otherwise cause confusion. The Section expects to continue furthering Divisional priorities during fiscal year 1981-82.

RESEARCH AND EVALUATION

The Research and Evaluation Section assisted centers in assessing needs for community programs, identifying population target groups, evaluating the process of service delivery and outcome of services provided, and conducting special research projects. The section continues to operate a statewide centralized automated management information system (MIS) to assist centers in monitoring services and staff productivity, and providing accountability to external systems. A detailed cost analysis of services provided by centers was conducted.

TRANSITIONAL LIVING

This program has developed around two distinct aspects; (1) transitional services and (2) alternate care facilities. The transitional services aspect of the program offers the patient supportive services that will help to move from a dependent state to his/her optimal level of functioning in the least restrictive environment. This may involve the utilization of other center programs as well as referrals into other community based programs. The development, expansion and utilization of alternate care facilities for placement of patients who are in need of some type of living arrangements has been closely linked with transitional services. These living arrangements have varied from highly structured, supervised community care homes to unstructured, minimally supervised apartment living with more emphasis on long-term care placements rather than crisis intervention or short-term placements.

Reimbursement for additional supportive services to these clients, other than medical, continues to be difficult to obtain. There are about 64 community care facilities licensed by the SCDMH with a bed capacity for approximately 833 patients plus others awaiting licensure.

Memoranda of Agreement between the operators of these facilities and their local mental health center are required for SCDMH licensure.

AIKEN/BARNWELL MENTAL HEALTH CENTER

General

The major Center goals for FY 80/81 at ABMHC were: (1) Hiring and training of staff, and (2) Developing and implementing of the twelve services required by PL 94-63 and our Federal Grant.

As attested by the Annual State/Federal Site Review of June 10-11, 1981, these goals were accomplished, and services are being constantly broadened and increased to insure the accessibility and acceptability to our Catchment area. Our primary management indicators show that in May 1981, the Center personnel devoted 46% of available therapist time in direct clinical service and 14% of available time in Consultation, Education, and Prevention services, thus surpassing the SCDMH/CMHS goal for direct service time of 40%.

Our primary concern is the need to increase patient load, as indicated by decreased admissions, no waiting time for appointments coupled with the high rate of direct service time allocation. To address this need, a major reorientation and effort is being planned in our Education, Information, and Prevention Program for FY 81/82.

Medical Services: Complete comprehensive mental health services are now available for the catchment area following the granting of staff privileges at the Aiken Community Hospital for the Center Psychiatrists.

Goals for the coming year include consultation and education efforts aimed at community agencies and physicians to promote improved working relationships and appropriate utilization of inpatient and medical services.

Outpatient Services: During the past fiscal year, our Center has been expanded by establishing: (1) offices in both North Augusta and Barnwell, (2) an Elderly Services staff member, (3) a Family Intervention Treatment Program, and (4) a 24-hour emergency on-call service for the communities we serve.

Consequently, there has been a significant increase in the admission to our services by elderly, children, significant minorities, lower income, and less educated members of our catchment area.

Special Services: The Partial Hospitalization program was begun in October 1980. Since then, three professional staff members have been added, and the program expanded from a base of therapy groups and structured activities to a more goal-oriented program. This program includes: value clarification group; therapeutic movies; body awareness (health, hygiene, medication, and sexuality); communication skills

group; religious concerns group; crafts; leisure skills; community organization awareness; and special groups (such as aerobic dancing).

The program currently operates six hours per day Monday to Thursday and four hours on Friday. Each client establishes daily goals and evaluates his/her progress daily. The Aftercare Program has expanded beginning January 1981 by adding two staff members. Thus, the twice weekly Activities Group (3 hours a day) now provides: (1) group therapy, (2) crafts, and (3) daily living skills to approximately twenty persons at any given time.

A total of 257 clients diagnosed as chronically mentally ill in remission are served each month through monthly medication check clinics in Aiken, Clearwater, and Barnwell. Additional staffing has allowed more time with each client to ascertain response to chemotherapy, personal adjustment, and on likely stresses in the clients' environment.

Consultation and Education: The C & E efforts have been significantly expanded during FY 80/81 by: (1) establishment of the North Augusta and Barnwell offices, (2) providing seminars in living skills, stress management, and crisis intervention and (3) refocusing efforts on churches, schools, industry, and other target areas identified by our needs assessment. The total number of persons reached through coordinated C & E programs in Fy 80/81 was 15,444 with over 1800 hours devoted to C & E planning and presentation.

Administrative Services: Organization and staffing have been major areas of activity during FY 80/81 with primary emphasis on the accounting and billing service. Two key positions in these areas have been filled and all administration management consolidated.

Quality Assurance Program: The Center Quality Assurance Program was revamped in April 1981, and the following conducted/developed: (1) a Clinical audit checklist for quality review, (2) a Clinical Case Study of Hospital Readmissions, and (3) an on-going quality review of ten records monthly.

Program Evaluation: A Program Evaluator was hired in March 1981 and the following have been developed and implemented: (1) automated Management Information System, (2) a continuous on-going Client Satisfaction Survey, (3) an annual C, E & P Consumer Satisfaction Survey, and (4) a Center Planning Program.

ANDERSON — OCONEE — PICKENS MENTAL HEALTH CENTER

Although providing services became increasingly difficult last year, the Center continued to deliver quality services to clients. With a drastic cut-back in local funds and a reduction-in-force, significant moves were made within the staff to maintain the high level of service we were able to achieve. Primarily, this was accomplished by redistributing all clinical

staff to perform not only their regular caseloads, but to have each work as casemanagers as well as perform Aftercare responsibilities.

Supervision was strengthened last year as opposed to previous years and the work of all staff was monitored more closely as a means of continuing quality services. An increase in productivity was stressed as a necessary element in maintaining our efforts to provide high level services.

Total client contacts in 1980-81 including emergency walk-ins, court screening, and follow-up services was 15,637. Consultation and Education hours totaled 3,250. Crisis line telephone intervention contacts were 11,308.

There was no hiring of new employees during the year with the exception of a staff psychiatrist.

Oconee and Pickens counties were designated a psychiatric manpower shortage area by all appropriate areas in April, 1980. In November, 1980 the Center began an application to the National Health Service Corps to bring at least one psychiatrist to serve the two county area. Support of the communities in that effort was tremendous.

Since Oconee and Pickens counties had already become a separate catchment area, the Board of Directors began last year to determine necessary steps to officially separate from the parent organization. Plans are now in place for developing the new Center in 1982.

While there was no formal program evaluation, quality assurance was "revived" and became stronger than ever with the responsibilities of that service touching every area of the total program of the Center.

Generally, the goals of the Center in 1980-81 were much the same as in the recent past — to first serve the chronically ill as opposed to other needs.

As we stated in the opening paragraph, funding was an adversity last year with Anderson County cutting back local funds so drastically. However, growing out of that action the Center realizes strong community support. Therefore in terms of human service constituency it is our opinion that the situation turned out positively in the final analysis.

BECKMAN CENTER

The Beckman Center is committed to serving the needs of emotionally disturbed people in the 7 county catchment area. Through direct treatment modalities including diagnostic evaluation, outpatient counseling, inpatient care, as well as referral to other primary caregivers, this commitment is attempted to be met. The Center, in a commitment to reduce the incidence of emotional distress, also is involved, as part of its mission, in providing a range of prevention and education programs to the public.

The Beckman Center's goals established for the year revolved around maintaining the existing service delivery system, maximizing existing resources to increase income and to develop a strategy for a more stable external funding base. The Center identified five goals. Each is outlined below with a brief report on its respective status.

(1) To seek through federal, state and local authorities avenues for the establishment of a stable fiscal base for the Center in future years. Federal sources have not been successful due to lack of available funds at that level. The Center was successful in getting additional state funds on an ongoing basis to partially replace loss of federal funds. The Center has also been successful in obtaining a slight increase in local funds. It should be noted that the local funding picture appears to be tighter during FY 1981-82, due to a tighter economic picture for the county governments.

(2) To maintain the effort of the existing Center service delivery system in view of the uncertain fiscal picture for FY 1980-81. Even though the Center lost two high producing positions during the fiscal year due to attrition, the service delivery has been maintained at the same level. This was accomplished due to productivity contracting and the reorganization which was accomplished late last year.

(3) To maintain the awareness and visibility of the Center services in the catchment area. The number of hours of education services has necessarily decreased, but, the awareness and visibility have increased. This was accomplished by more efficient use of the media resources. For example, the center was involved in a series of radio shows at one of the local radio stations. One Center staff person has a weekly column in one of the local newspapers which is widely read through much of the catchment area.

(4) To increase revenues generated by fee collections from direct services and consultation and education activities. The most striking advance in fee collection has been the selling of prepaid mental health programs. We have successfully sold a contract to one local industry as a pilot project and have been able to increase the time with a local college. Not being adequately compensated for Medicaid clients and the loss of adequate payment for court evaluations has been the largest problem.

(5) To continue the emphasis on mental health through prevention rather than mental illness. The Center continues to be heavily involved in the Greenwood County Rape Crisis Council. Continual efforts are being made to expand this program to other counties. One part of the industry contract is 10 hours of stress management and recognition of emotional problems in employees and is presented to all supervisory personnel. A program of suicide prevention was presented to local ministers throughout the catchment area. A program of stress management and communications skills is being presented to the Lander College Nursing Education Department. The Center has been an active

participant in Health Week programs displayed in shopping malls and other public areas. As can be seen, a large amount of the effort is working with people who can impart the knowledge gained through these presentations to others.

In addition to working on the five major goals, the Center continues to plan and implement programs to maintain a stable funding source. Examples of this are the Center is involved in a Technical Assistance Contract with DHHS. The Center is involved in gathering data for a private consulting firm on admissions. These projects are income producing by the administrative section, which does not usually generate any income for the center.

The Center continues to operate on very tight fiscal constraints. The Center continues to strive to maintain the present delivery system with fewer staff; to reassess the organizational structure to maximize efficiency; and to increase fee collections from direct service and consultation and education activities. New programs or reallocation of resources will be closely scrutinized as to their effect on existing efforts.

CATAWBA CENTER FOR GROWTH AND DEVELOPMENT

The Catawba Center for Growth and Development changed directors at the beginning of the 1980-81 fiscal year. To begin with, this director was faced with a short budget due to cut-backs and one physician position empty. Immediately, intense efforts were placed on efficiency and on increased patient contact and fee collection. Because of these efforts by the entire staff, clinical contacts increased by 29% and active case load increased by 26%. Fee collections almost doubled.

Funding became a joint effort of the Center director, Center staff and Board of Directors. All participated in contacting the county councils, legislators, and other key community and state people who would play a part in the funding of the Center. This resulted in full funding for the fiscal year of 1981-82.

Medical services were increased in the satellites by the employment of a physician on a contractual basis. He served each satellite one day per week. Negotiations were finalized for the addition of one full-time psychiatrist to the staff who would serve the satellites one day each per week and three days per week in the main facility.

The Aftercare program: (1) re-evaluated all patients in the med-check program and increased the intensity of treatment for the majority of cases; (2) gave appointment for the next day to those patients having been discharged from Probate Court; and (3) gave intake appointments within a week of their request.

The main facility, located in Rock Hill, provides services to adults, children, and elderly patients by providing 24-hours emergency ser-

vices, partial hospitalization, inpatient, outpatient, aftercare, precare, alcohol, drug, rape crisis, and consultation and education services.

The satellites, located in Chester and Lancaster, provide day time emergency services and all other services mentioned above, except partial hospitalization and inpatient services. Services to the Lancaster satellite were increased by 2.2 clinical staff members.

The Needs Assessment indicated that 100% of the professional/agency community knows how to refer to the Center and that the majority of the general public are able to verbalize some understanding of what services are offered at the Center. The Center image has been enhanced in the community by several articles having appeared in local newspapers throughout the year reflecting a more positive change of attitude toward the Center. Many radio spots and television talk shows have been taped and presented, making the Center and its services available much more visible to the public.

The Quality Assurance monitoring system has been streamlined by committees having only three members and meeting for one hour per month. The Quality Assurance Coordinator meets with each of these committees and reports monthly to the Executive Staff.

CHARLESTON AREA MENTAL HEALTH CENTER

This report will attempt to highlight some of the major activities of the Center during the past year. Some of the activities have been predicated on the growing fiscal constraints that have included the loss of federal funding, the withdrawal of "court-Screening" funds and the rather drastic curtailment of local governmental funding in Charleston County.

On a more positive note, the Center has participate in a very effective and efficient transition of the Berkeley County Satellite Clinic into the seventeenth autonomous Mental Health Center/Clinic of the Division of Community Mental Health Services of the SCDMH.

In October, 1980, our inpatient service capability was reduced from eleven to four beds in Charleston County Hospital because of funding constraints. At the end of the fiscal year were forced to terminate our inpatient contract with the hospital because of the same constraints.

Our Adult Outpatient Services, Intensive and Sustained (aftercare), continue to serve a high volume of patients in both individual and group modalities of therapy. The Intensive Therapies address those patients who require crisis intervention and short-term skill acquisition or insight development, while Sustained Therapies deal with aftercare of those patients who have been hospitalized. As a result of reorganization brought about by reduction in force, our Addictions Specialist is now a part of the Intensive Therapies staff.

In addition to maintaining a high level of activity in working with children, adolescents and families in all of the usual needs categories,

the Child and Adolescent Services staff has become highly regarded both locally and statewide for their work with victims and offenders in child/sexual abuse.

Because of the personnel reductions mandated by the Budget and Control Board, the positions of Clinical Chaplain and Statistical and Data Analyst were abolished. As a result of this, the Clinical Pastoral Program was terminated. However, four students were able to complete the Extended Program before this termination.

The Intake-Triage Service maintains a commendable level of activity in intake and emergency assessment, court screening and consultation to other community agencies. A staff member of this service is also the liaison to the courts and hospitals. In this role this staff member chairs a community team meeting monthly. This team is made up of representatives of the central hospital facilities, local health and social service agencies and appropriate Center staff.

The Transitional Living Services Coordinator is a key member of the Community Team and effectively coordinates the return of a growing number of patients from hospitals into community care homes and the Sea Islands Comprehensive Health Care apartments. The working arrangement between the local Mental Health Association and the Mental Health Center is enjoying a revitalization centered around the "Apartments Project." The Center was instrumental in the development of a grant by the Sea Islands Health Care Corporation that resulted in the employment of a psychiatric social worker who serves as liaison between that agency and the Center. The TLS Coordinator and a group of industrious and enthusiastic volunteers have developed an activities program for community care home residents at a local Episcopal church, meeting on a weekly basis.

The staff of the Dorchester County Satellite Clinic, augmented by a cadre of volunteer professionals, continues to engage in a commendable level of treatment, consultation/education and community-oriented activities.

Consultation and Education staff have presented a variety of workshops to both local and state-wide law enforcement groups. This staff has coordinated the placement of practicum students from the University of Florida, University of South Carolina and The Citadel, as well as Physician's Assistant students from the MUSC program.

During the second half of this year, our Quality Assurance program began some giant strides by the implementation of Medical Records Review, Peer Review and planning for Clinical Care Evaluation Studies.

Based on some rather persistent detective work on the part of our staff and staff of Departmental Statistics Division, we have zeroed in on problems of the Management Information System and methods for improvement are being instituted.

A most active and competent volunteer has accepted the position of Volunteer Coordinator for the Center and the outlook for our Volunteer Program is extremely bright.

COASTAL EMPIRE MENTAL HEALTH CENTER

This past year Coastal Empire Mental Health Center continued to provide comprehensive mental health services efficiently and effectively to citizens of Allendale, Beaufort, Colleton, Hampton and Jasper counties. With the appointment of a new Executive Director, the Center has undergone a complete reorganization. A concerted effort was made to provide more direct lines of supervision in the organization. The reorganization of clinical services allowed for the provision of better services to consumers of our catchment area. The Center's ability to track and manage cases increased substantially, which hopefully will result in fewer hospitalizations.

The Center's outpatient services were increased this year, when the Hilton Head operation expanded from a three-day operation to a full-time office. This was made possible with the reassignment of a master's level professional to direct that office's operations. At the same time, as the demand of outpatient services have been growing, the Center has undergone a 25% reduction-in-force. Despite this reduction the Center continues to deliver services at the same level as before and actually increasing services in some areas. This was made possible in part, by the Center's emphasis on providing more group therapy. Children's services continue to be an area of emphasis and with the addition of a Ph. D. level Children's Services Coordinator, stationed in Colleton County, this effort was greatly enhanced.

The Center's ten-bed inpatient unit was fully staffed this past year and all the renovations to the unit were completed. With this local resource, local hospital admissions have tripled. Hopefully, the increased inpatient capabilities will continue to be a way to accomplish our goal of providing local alternatives to state hospitalization.

Prevention continues to be the primary focus of the Consultation & Education activities and this past year workshops and seminars were offered to the general public in the following areas: Stress Management, Parenting Skills, Divorce. The Center's Stress Management program has received state-wide recognition for its workshops for Emergency Medical Staff.

There has continued to be an emphasis placed on good financial planning and management. To this end, the Center has recently employed a Business Manager, who will work toward improving record keeping and developing more sophisticated techniques for projecting and controlling expenditures and income.

Since the first facility opened in Beaufort in 1965 to the present, Coastal Empire Mental Health Center has continued to grow and now there are currently seven offices across the five counties.

COLUMBIA AREA MENTAL HEALTH CENTER

During Fiscal Year 1980-1981, Columbia Area Mental Health Center continued to offer a wide range of comprehensive mental health services to the residents of its catchment area of Richland and Fairfield counties. Recognized by JCAH as one of fifty-five mental health centers in the nation whose quality of service delivery merits accreditation, the CAMHC focused on maintaining that quality through an active Quality Assurance Program.

Although austere financial circumstances and mandated personal services reductions resulted in a 15% loss of clinical staff and threatened to reduce service delivery, CAMHC actually increased total services rendered by more than 10% over the previous year through increased productivity and efficient utilization of remaining staff. In all, more than 5,000 residents were directly served and another 18,000 were reached through Consultation and Education efforts; utilization of inpatient services was greater than at any point in the Center's history. This growth, in large part, can be credited to the professionalism and cooperativeness of both clinical and support staff and to improved management made possible by more timely and meaningful management information.

At the onset of this past fiscal year a contract with Professional Data Systems was implemented to provide more timely management information and to automate client and third-party billing functions. The lag in information feedback has effectively been reduced from three months to six working days, increasing management's awareness of productivity/efficiency issues and facilitating more effective deployment of resources. An evaluation of the impact of the system revealed a four-fold improvement in cost-effectiveness over the previous manual system and a resulting increase in fee collections of more than 20%.

CAMHC enjoyed continued support from its local community this year, facilitated by the active involvement of its Director, Governing Board, and Citizens' Advisory Committee whose interest in the needs of the community was apparent. A Needs Assessment survey was accomplished which identified several issues centering around accessibility of services. Adjustments in service delivery patterns were initiated to reduce the waiting time for new clients seeking services and to increase the responsiveness of the Center at times of peak demand for services.

Other strategies for making services more accessible to residents are currently being investigated with the ultimate goal of providing the highest quality of service at the lowest possible cost.

GREENVILLE MENTAL HEALTH CENTER

During the FY 1980-81, the Greenville Mental Health Center with the Foothills satellite office delivered mental health diagnostic, treatment, and educational services to the North Catchment area of Greenville County which incorporates 67% of the county population. Continued financial problems and staff reductions were everpresent concerns of the Center administration which heavily impacted on overall delivery of services.

Although the full range of services continued, there was a reduction in total number of persons served. Caseloads increased to 4.0 patients seen per day per clinical staff in efforts to offset an increasing waiting list. However, the waiting list increased from a maximum of two weeks to six weeks in some areas with an average waiting period of four weeks.

The Center was successful in negotiating a contractual agreement with the Department of Social Services to participate in the Sexual Abuse Project for Greenville County. The grant secured for this project provides personnel cost for 1½ employees of our Child and Adolescent Program which helped to offset anticipated staff reduction. In return, our staff provides evaluation treatment and emergency services to sexual abuse victims, families and abusers.

In meeting the Center priorities on services to minorities, a new project of outreach to blacks was implemented and was well received by the black community. The program called "The Nicholtown Project," is a series of educational programs planned by, and geared toward the needs of the residents of the Nicholtown Community. Participation by the residents has been outstanding and was greatly enhanced by locating the program within the community and by involving the residents in the initial planning.

During this year, another priority of the Center was met — to improve our Quality Assurance and Research and Evaluation components. These areas were restructured which produced very impressive results for the Center. The following data is extracted from the Program Evaluation Report.

A. Cost Per Unit of Service: Based on data for FY 80 pertaining to admissions, terminations and active caseloads, the Center spent \$280 per person served. This figure compares very favorably to the nationwide median value of \$465 reported in the 1976 NIMN Biometry Report.

B. Patterns of Use: In the category of sex, males were slightly underserved (16%) and females slightly overserved (14%). Racially, while services to whites was congruent with that expected by catchment area norms (+3%), blacks were somewhat underserved (-15%). Other minorities (Spanish American, American Indian, other) appear statisti-

cally to be overserved, though the numbers involved are so small, statistical computation loses much of its meaning.

With regard to age, elderly clients (+65 years) were underserved by 76%. There is not a large discrepancy between services expected and received by children and adolescents (0-17 years), especially when service to "parents" (not included in either category statistically) are considered as having received services by the Child and Adolescent treatment component. Arithmetically, adults (18-64 years) appear to have been overserved by 32%.

C. Awareness of Services: Referral sources were tabulated from patients' computer data sheets to determine the types of agencies and other sources referring to the Center. By far, the greatest number of referrals are from self (25.6%), a family/friend (22.8%), and medical doctors (10.9%). A large number of other agencies refer to the Center including schools, hospitals and the Department of Social Services.

D. Acceptability of Services: Fifty-six community agencies were contacted as part of the Needs Assessment Study. Of the nineteen responding, general satisfaction was expressed with Mental Health Center services. Family therapy and individual therapy were identified as services most helpful to agency clients. Requests were made for home visits to clients, better community awareness, and more dialogue, feedback and consultation with agencies.

Needs Assessment findings regarding acceptability of services were congruent with the Appalachian Health Care Survey of Mental Health Services (April 1979), in which 76% of Greenville County respondents indicated that mental health services were doing a good job and 60% indicated more money should be spent on mental health services in Greenville County.

E. Effectiveness of Consultation and Education: The total number of consultation and education hours provided in Fiscal Year 1979-80 was 3001. Center staff provided an average of 250 hours per month of consultation and education services. These services reached a wide variety of groups within Greenville County.

Thirty-six percent (1082 hours) of total consultation and education hours were provided to clergy, 373 hours or 12% of total consultation and education hours were provided to other mental health agencies, 289 hours or 10% of the total were provided to schools, and 227 hours or 8% were provided to courts and law enforcement.

The Mental Health Center co-sponsored an Incest Awareness Seminar for staff of a variety of community agencies. 63% of the participants found the material presented to be of extremely high quality and 67% found the material to be extremely applicable to their work situations.

The Mental Health Center conducted an Assertiveness Training Series for a local bank. 55% of the participants indicated that they

learned a great deal and 55% indicated they would highly recommend the training to others.

F. Impact on Inappropriate Institutionalization: State Hospital admissions from Greenville County were reviewed for selected five year periods (1970, 1975, and 1980). In Fiscal Year 1970 there were 156.7 Greenville County admissions per 100,000 population to state hospitals. In Fiscal Year 1975 there were 144 Greenville County admissions per 100,000 population to state hospitals. In 1980 there were 253 admissions per 100,000 population to state hospitals. This represents a substantial increase of 76% over the last five years.

The above data indicates no substantial decrease in reducing hospitalization outside the community. However, during this period the Center has expanded services by the development of a second Comprehensive Mental Health Center which has increased awareness of mental health services. With the addition of a court screening program and contracts with the county detention center, there is greater utilization of mental health services by persons who were formerly incarcerated. Furthermore, the referrals from probate court have increased. These statistics reflect also a need for an increase in the number of local alternatives to hospitalization such as a Halfway House and a transitional living facility.

SOUTH GREENVILLE MENTAL HEALTH CENTER

The South Greenville Mental Health Center in completing its fourth year of service finds its catchment population now numbering over 90,000 with an ever expanding need for center services. A client satisfaction survey which found that 96% of persons served by the center found services were helpful and 84% believed they "got what they came for."

To have such success the Center required the full cooperation of community, staff and board members.

Toward that end, the Board has energetically supported the Center's programs as well as actively carrying out their delegated responsibilities of setting program priorities.

This spirit of cooperation also manifested itself with representatives of the Mental Health Association meeting regularly with the Board and collaborating in the promotion of projects such as Consultation and Education, aftercare, patient needs, securing furnishings for the partial hospitalization house and encouraging local and state funding for mental health services.

Since its opening last year the Piedmont Satellite Office has more than met its objectives. So much so a psychiatrist was added to staff to provide coverage for both the Piedmont and Simpsonville Offices.

Other needed staff additions were a psychiatrist to provide full time medical and psychiatric coverage at the Greer Center, three clinical staff members were added for child and adolescent services for a catchment area with a larger than usual child population, a clinical counselor was secured to work with crisis intervention, and a second counselor was added to work in transitional/aftercare. In the area of cooperative ventures the South Greenville Mental Health Center has moved strongly in several directions. Most prominent of these ventures are: aiding the Public Defender's office by screening individuals charged with a crime and who are suspected of having problems of a psychological nature; through a contract with Goodwill Industries, transitional residential care for residence at the Goodwill workshop are now provided for patients requiring a more extensive transition from inpatient to outpatient care; liaison is maintained with the Marshall I. Pickens Hospital, the S. C. State Hospital and the Interagency Task Force to identify needs of and resources for patients needing follow-up services; emergency services provided in cooperation with crisis intervention of Greenville; collaboration with the family counseling services program for Women in Crisis and with Rape Crisis; Alcoholism and Drug Abuse Services working with the Greenville County Commission on Alcohol and Drug Abuse, Holmesview Center, Morris Village and Bonner Kidd Home; and in addition the Center now has contractual or memoranda of agreements with 32 other agencies.

Finally in the area of community relations three very notable achievements were: workshops given by center staff on stress management for the general public, business and industry, which was very well received by industry, professional and citizen groups; workshops on adolescent development for parents, teachers and counselors; training for nursing home staff arranged through an area technical college; and the rental of a local residence in Simpsonville to serve as the location for helping to meet the needs of an active partial hospital program.

LEXINGTON COUNTY MENTAL HEALTH CLINIC

At the onset of the fiscal year 1980-81 the Clinic was faced with a proposed loss of county funds which was the second such threat of a loss of funds within a period of three months. The matter was resolved eventually as a result of board meetings with county council members.

The loss of staff was the major problem affecting the delivery of services. The Clinic was minus both of its full time psychiatrists which included the executive director. An interim director was appointed from the existing outpatient staff. The only personnel available at the beginning of the year were the following: one clinical person in both Aftercare and Outpatient Services; an administrator; and only fifty percent of the clerical staff. Fortunately the Clinic received some staffing help from

Central Office and the services of a family practice physician. By September the Clinic had filled its two vacant clinical positions and had the full complement of clerical staff. However, during this time the administrator position became vacant. In December a full time psychiatrist joined the staff. Finally, in January both the director and administrator positions were filled. At the end of the fiscal year the only vacancy available was a clerical position.

The Clinic has continued to provide aftercare, outpatient and consultation and education services. After hours emergency services have been available by means of a contract negotiated with Richland Memorial Hospital which is subject to renewal at the end of each fiscal year.

The demands for service continue to be great with an average of thirty phone calls per week involving new clients requesting services. Currently the Clinic has approximately 700 active clients. Including group therapy there are approximately 700 appointments scheduled monthly. The expansion of services include two additional community based church groups serving aftercare clients and consultation services to the Lexington County School District Three.

In the Spring of 1981 the County Council voted to construct a new Clinic building to be located near the present site. The building will provide the much needed space for performing the Clinic operations. Hopefully, the new building will be completed by January 1982.

ORANGEBURG AREA MENTAL HEALTH CENTER

The 1980-1981 fiscal year was one of transition. The Center entered that year with an interim director and a new, permanent executive director was not appointed until October. During the seven month period when the Center had no executive director, several key staff members resigned. Because of anticipated budgetary constraints, some of these staff members were not replaced.

In spite of the difficulties which resulted from the loss of staff and the lack of a director, the Center continued to offer all of the twelve mandated services. The number of client-sessions increased 10%, with approximately 2,160 individuals receiving services during 20,500 sessions. Consultation/education contacts were up from 7,329 during FY 79-80 to 16,400 during this past year.

Since the arrival of the new executive director, several organizational changes have been completed, the quality assurance program has been rejuvenated, steps have been taken to improve the coordination of certain programs, and staff morale has improved.

Goal Attainment. Nine center-wide goals were set for FY 80-81.

1. *To be in full compliance with all state and federal guidelines.*

Although the annual Standards Audit revealed several areas of

deficiency, steps have been taken to correct these problems, and the Center is now in substantial compliance with all regulations.

2. *To have a 5% increase in total number of patient contacts over that recorded during FY 1979-80.* A 10% increase was recorded, 18,625 patient sessions occurring in FY 79-80 versus 20,500 in FY 80-81.
3. *To have a maximum discrepancy /omission rate of 7% noted during routine record audits.* This goal was not attained.
4. *To have established procedures and methods for providing 24 hour face-to-face emergency care services in all parts of the catchment area.* Satellite directors have submitted plans for the provision of 24 hour emergency services. In addition, technical assistance has been obtained through the Region IV office of the Department of Health and Human Services.
5. *To have developed a written, long-range plan for the prevention of mental illness in the catchment area.* This plan was not developed due to the resignation of the C&E Coordinator. The new coordinator intends to have the plan completed by December, 1981.
6. *To have developed and implemented procedures for the systematic orientation, training and supervision of employees, particularly new employees.* A video tape orientation package has been produced.
7. *To have occupied a new central facility.* Two companies have shown an interest in constructing a new facility. However, high interest rates have prevented the Board of Directors from concluding an agreement with either company.
8. *To increase the visibility of the Center.* The Center's telephone number appears in both the white and yellow pages of all directories in the catchment area. The Center has arranged an advertisement in the telephone directory in Orangeburg and the Center's number appears in a special listing of agencies which appears in the front of the Orangeburg directory. Directional signs are being placed on highways near the Center. During the year, approximately 16,400 C&E contacts were made, an increase of over 100% from the previous year.
9. *To emphasize outreach into the community through increased staff involvement in community activities and the location of Center programs outside of the Center's facilities.* The Center's clinical chaplain maintains an office at a local church in order to provide services to clients who are reluctant to come to the Center.

PEE DEE MENTAL HEALTH CENTER

Pee Dee Mental Health Center experienced major changes in its administration, organization and programs during the 1980-81 fiscal year. Under the leadership of a new director, the Center defined the

mission and values of the system, defined goals, set priorities and objectives, and determined needs. A responsive management system was developed that assumed responsibility for implementing programmatic decisions. The Center focused on providing Community Based Services in order that services should be available in the setting where the behaviors are learned, Community Support Systems were considered the foundation for our service delivery system, which would increase the community's capacity to accept responsibility for consumers' care. The Balanced Service System was implemented, which allows for both an open system and the natural pattern of continually adjusting the system in response to changing needs. This model affords clients immediate access to services but limits their penetration into the system in order to offset the bias towards hospitalization and extensive treatment. Services were related to Needs Assessment and Utilization studies and resources were shifted accordingly. The Center continued efforts toward developing quality mental health services, which depends upon the quality of the staff that delivers services. Additional efforts were the initiation of a new integrated Medical Records System designed to meet JCAH requirements, and a Quality Assurance Program organized around a Quality Assurance Committee which operates four separate and distinct sub-committees. The QAC has the authority and responsibility for developing, maintaining, and monitoring the procedures and practices concerning direct and indirect services provided by the Center.

Pee Dee was faced with the paradox of increased demands for the expansion of services, documentation of effective and cost-effective outcome, and the concurrent dwindling of funding resources. The Center completed its seventh year of Federal Funding according to the Operations Grant formula. The operational budget included: Federal 380,005, State 313,323, Local Counties 240,297, for a Total of 933,625. This was a 10% decrease in the total budget from the previous funding year. However, several steps were used to offset this dilemma: (1) careful distribution of resources, (2) management information system linked to cost per outcome, (3) cost accounting, (4) periodic revision of fee schedules based on actual delivery cost, (5) decentralized budget controls, (6) clear delineation of staff roles and responsibilities, (7) exploration of creative financing, (8) cost effective ways to be advocates of consumers, (9) systematic decentralization to enable continual program rebalancing to maximize the match between resources and needs, and (10) coordinate/seek services from providers outside the system. The following is a summary of overall results:

- (1) increased utilization of services even though there was a reduction in staff, (2) provided more services in a community based setting, i.e. increased home/community visitation and increased

available services in rural areas, (3) increased cost effectiveness as a result of increased group/family therapy contacts, (4) coordination among human service agencies in order to prevent duplication of services, (5) responsive to needs as identified by Citizen's Advisory Committees and the community at large, (6) increased media coverage and community education projects in order to realize wider community acceptance, and (7) improved accountability in the area of program evaluation.

SANTEE-WATEREE MENTAL HEALTH CENTER

The Santee-Wateree Mental Health Center has completed another stressful year with the ending of the 1980-81 fiscal year. In a period of transition due to a reduced budget, the major goal of the Center has been to maintain its services at an optimal level. The Board of Directors, which has remained invested, has given detailed attention to the Center's financial status, being concerned about the maintenance of services.

In anticipation of a deficit for FY 1980-81, the Board reduced the staff by seven positions with the intention being to handle any further deficit through attrition. Seven additional staff vacated their positions with five of this number remaining unfilled. Three CETA positions expired and were not renewed. The net loss was twelve full-time staff and three CETA positions.

In view of the reduced staff, the Center's Administration and Board concluded that the Center could not continue to deliver all twelve expected services. As a result, Services to the Elderly, Transitional Living Services and Services to the Alcohol and Drug Abusers were deleted. Elderly persons and substances abusers are currently being seen in Outpatient Services. Transitional Living Service was subsumed under the Aftercare Service.

The reduction of staff and the subsequent reduction of services is reflected in the activity reports of the Center. Fiscal Year 1980-81 admissions are expected to be 1,522, an 18% decrease. Inpatient days are projected to be 2,733. While this is a 19% decrease, part of the drop is explained by a change in the method of accounting for inpatient days. Partial Hospitalization days are projected to be at 3,015, a 22% increase, therefore, indicating a heavy use of the program. Outpatient contacts declined by 20% to a projected 18,037. Consultation and Education contacts are projected to be at 32,106, a 3% increase.

Even with staff and service reductions, the staff have continued to work diligently at improving patient care. The intake/disposition/clinical supervision and tracking of cases has been further refined, offering a greater assurance of quality services. While a major effort has been placed on improving productivity levels, it still has been necessary

to develop a short term outpatient waiting list for clinically appropriate cases.

The Center was able to expand its Consultation and Education Service with the assistance of a federal grant. A major effort of the C & E program was to develop a well-received Police Stress Project. The Center's pioneering effort in Employee Assistance Programs continued. An audio-visual program on Rape Prevention was developed.

As can be noted above, Partial Hospitalization is a vital Center service. Inpatient Services, Emergency Services, Children's Services, Aftercare Services, and Court Screening continue as previously designed, each doing an exemplary job in its area.

The Board has continued to be committed to satellite offices. Although these offices have experienced their proportionate reduction, they are important to their communities and within their limitations offer quality services to Lee, Kershaw and Clarendon Counties.

SPARTANBURG AREA MENTAL HEALTH CENTER

This fiscal year has had one of its smoothest operations from the standpoint of evaluation of patients by the screening team and their assignments of clients to the appropriate modalities and staff for treatment. We had approximately 1,558 new clients and over 25,000 contacts. The average collection per contact was \$10.89. The fee collections were over \$250,000.00, a record for this center.

The operation of the community based hospital plan was excellent and well over 300 to 400 patients were prevented from having to be sent to the State Hospitals due to treatment at the local psychiatric ward or in one of the Center modalities.

The Center cannot count on this program being continued for FY 81-82. We have lobbied hard with our friends in the legislature and state office under the able leadership of our director but the response has not been favorable. We have plans to work with our local senators and house members from the catchment area to assist them in drafting adequate legislation next FY 82-83 through regular channels. The clients are the losers and also the catchment areas as we feel this is and will be damaging to patient care.

We have also suffered some in the Partial Hospitalization program due to a lessening of referrals to this department. However, with community based hospitalization phasing out this department will be watched closely to see if its services gain in clients.

We are very pleased with the operation of our satellites at Union and Gaffney and both are well staffed. We are not too pleased however with the satellites' contributions from the local governments vs. their cost of operations. We are planning to do some direct education to new com-

missioners in these areas. Spartanburg has been most fair and supportive.

The outpatient service has lost several staff persons due to retirements and job changes to other areas for financial benefits. We have prioritized our efforts to secure a minority male M.S.W., but as yet have not been successful. We plan to replace two or possibly three of the staff we lost, but need to be very cautious that all staff is fully occupied and money available in FY 82-83 as all federal funding has now expired in the area of distress grants.

The Probate Court and its examinations of clients returning from SCSH is being held at the Center with the doctors, judge, and our staff in attendance and this operation combined with regular aftercare here and at the satellites is excellent.

The Drug and Alcohol section has provided a valuable service and the three Center sponsored Alcoholics Anonymous groups, especially the Black group, have proven to be very helpful.

The Consultation and Education staff has been working with various industries in the counties of the catchment area along with their regular functions which have been very fruitful. We are especially proud to have received two industrial contracts from their efforts.

The Center needs to increase its efforts in the area of children's services and geriatrics which has suffered due to staff attrition. These programs will be helped with the addition of new staff in the Fall.

The main focus of the Center for FY 81-82 will be staff time efficiency, cost effectiveness, and the quality of client care. This will be monitored closely by the Quality Assurance Program.

The Center passing the standards and site audits with high compliments, was very helpful to staff morale. The board granted to the staff for its good performance a \$400.00 donation to be used for continuing education and staff development.

TRI-COUNTY MENTAL HEALTH CENTER

The Tri-County Mental Health Center Administrative Board, Staff and community support groups have been highly effective this year in the provision of comprehensive mental health services for the residents of Chesterfield, Marlboro and Dillon Counties. The results can best be illustrated by the following accomplishments:

The Tri-County Mental Health Center reduced the number of area residents being admitted to S. C. State Hospital Facilities by 22% over the fiscal year 1978-79 base line year.

The Tri-County Mental Health Center reduced the number of area residents re-admitted to S. C. State Hospital facilities by 16% thus closing the revolving door.

The Tri-County Mental Health Center has also been effective in the SCDMH deinstitutionalization effort. The Center and local community support groups have reduced the number of area residents housed in state institutions by 3% below the fiscal year 1979-80 base line year.

Also during fiscal year 1980-81 the Tri-County Mental Health Center Court Screening program screened 819 patients at the pre-commitment stage and diverted 564 or 69% of the aforementioned patients into local treatment programs.

Moreover the Court Screening program in conjunction with the Aftercare follow-up program provided follow-up services for an additional 441 patients.

In addition the Center provided detoxification services through agreements with our three county general hospitals, the McLeod Regional Medical Center, Florence Alcohol and Drug Commission and the Seventh Street Detoxification Center in Charlotte.

Specialized Services for Children and Adolescents remained very active in the Headstart Screening Program, in provision of behavior oriented day camps, in the development of adolescent therapy groups, and assistance with the grief support program. Consequently the number of children served by the Tri-County Mental Health Center increased by 34.6% in fiscal year 1980-81.

The Special Services for the Aging Program maintained a high level of involvement with local nutrition sites by providing seminars regarding the use of leisure time, nutrition and food, depression, exercise, and sexuality. In addition the psychology staff in the aging program assisted the children's service staff in the screening of Headstart children and in the provision of psychological tests for regular outpatients. The number of elderly clients participating in our direct treatment services increased by 94% in fiscal year 1980-81.

The scope of Transitional Living services expanded via emergency placement agreements with the Cheraw Retirement Village, and the Minturn Community Care Home. As a result of said agreement the Mental Health Center could provide emergency room and board for mental health center patients who had no resources to provide for shelter. In addition the Transitional Living Coordinator provided support services and therapeutic treatment for mental health center clients placed in independent living environments. Moreover face-to-face emergency intervention accounted for 29% of all emergency contacts.

Outpatient Services personnel expanded the focus of their program to include an extensive commitment to family and marital therapy, individual and group counseling. In addition the outpatient staff worked to redesign intake procedures so that clients could more easily gain access to services. They were also heavily involved in the development of evening clients in each county. Currently the total Tri-County Mental

Health Center professional staff rotates through the emergency service system and provides direct treatment activities in the evening clinics.

In fiscal year 1980-81 the aftercare follow-up services were provided by a traveling team in conjunction with the SCDMH psychiatrist. Several new therapy groups were initiated including a Women's Group, Medication Evaluation Groups, a dependency group, a hand crafts group, and additional socialization groups for the chronic patient.

The Partial Hospitalization/Day Care Program increased the hours of service provided and the scope of its activities. The Partial Hospitalization staff became involved with a local support group to establish a grief support program, a Hospice Program, a GED Certification Program, a Hortitherapy Program, and coordinated a Center Landscaping Project.

In the fiscal year 1980-81 the Tri-County Mental Health Center maintained an active role in the education of and therapeutic intervention with alcohol and drug abusers. The Tri-County Mental Health Center Addictions Specialist provided 30 seminars for 1,346 people regarding the adverse effects of alcohol and drugs. As a result the number of clients who voluntarily entered treatment for alcohol and drug related problems increased 83%. The aforementioned efforts impacted positively to further reduce S. C. State Hospital admissions. Unfortunately, the S. C. General Assembly and the SCDMH did not appropriate funds to continue this highly effective program in fiscal year 1981-82.

The consultation and education accomplishments of the Tri-County Mental Health Center included: inservice training programs for the nursing staff at Chesterfield Memorial Hospital, Marlboro General, and St. Eugene's Community Hospital. Parent-child seminars at the First United Methodist and Pageland Methodist Churches; stress management training for the Bennettsville Police Department. Moreover, all types of local media were extensively utilized.

As a result the Tri-County Mental Health Center exceeded the number of people (6,700) projected to be reached by 15% with 7,706 people reached.

The availability of psychiatric inpatient services expanded in fiscal year 1980-81 via contracts with 13 local physicians, 1 psychiatrist, 3 county general hospitals, and the McLeod Regional Medical Center. In addition the Center has been successful in recruiting a full-time psychiatrist.

The accessibility of catchment area emergency services increased due to the installation of additional telephone equipment and the professional staff's commitment to localized telephone crises counseling and face-to-face intervention efforts. The main types of emergencies in which the Mental Health Center successfully intervened were as follows:

- 18.2% Severe Depression/Anxiety
- 18.2% Alcohol and Drug Abuse
- 15.6% Emergency Information on Admission
- 13.8% Physical Problem
- 10.4% Family Crises
- 9.5% Suicidal
- 8.7% Hallucinatory Behavior
- 3.4% Marital Conflict
- 2.2% Child Abuse

The 1980-81 fiscal year marked the end of State funding for our highly effective Court Screening Program, reduction in local appropriations, and an increased commitment to alcohol and drug abuse planning. In 1981-82 the Tri-County Mental Health Center Administrative Board and staff will focus attention on the maintenance of existing services with fewer financial resources. The Center will concentrate on restructuring programmatic/service functions, and whenever possible consolidating or centralizing program functions to limit operational expenditures, and increase the amount of professional staff time available for direct treatment services.

THE WACCAMAW CENTER FOR MENTAL HEALTH

Giving full consideration to funding support questions which have evolved during FY 80-81 and which are projected at this writing to have dramatic effects on the Center's ability to provide a full range of comprehensive services during FY 81-82, it is felt that the year has been one of much progress for the Center.

During FY 80-81 the Center attempted to develop a number of goals related to expansion of services and refinement of existing programs and services. Notable among the achievements of the year were the realization of a much needed and long sought after expansion of physical facilities in all three counties. During the year, two of the three satellite offices were moved into new and larger quarters and one satellite office had new construction added. The Central Office in Conway was moved into one central location in town following the use of special grant monies obtained through HHS to renovate the interior of an existing building. These four main offices of the Center are currently quite adequate to meet the needs of existing programs and service activities in the communities of which they are a part.

The development of Emergency Services, especially the provision of medical/psychiatric coverage during evening hours, has been an effort achieving considerable success during FY 80-81. Contracts have been developed with three hospitals in the area, and with three physicians and two psychiatrists, as well as having a full-time psychiatrist position

within the Center, all of which work along with Center staff to provide emergency, screening, and inpatient services to the catchment area.

The area of Consultation and Education programming has seen an increased level of activity during FY 80-81 with the number of Center-involved educational and consultation contacts having a significant impact within the catchment area.

During the year, the position of Coordinator of Research and Evaluation Services has been further developed with the employment of a holder of an M.A. in Social Work with training and experience in research work. A greater level of activity has evolved from this position permeating its way into wider levels of Center programs and services. Statistical reports have been developed by the researcher in more usable form and with somewhat greater specificity than in previous years. This has led to better service utilization, staff activity and cost effectiveness data which the Executive Director and Executive Staff have been able to use for planning services to meet identified need.

During FY 80-81, The Center had a goal of reducing the admission rate to State Hospital by 15%. These efforts were concentrated in a partially State funded program entitled "Court Screening." Combining Center staff, physicians and psychiatrists from the community and contracts with local hospitals, as well as Center programs such as day care, outpatient treatment and support activities involving families of patients, enabled a reduction of 11% in State Hospital admissions.

Another goal of the Center during this year related to the expansion of daycare activities in the area. The Center did begin daycare activities in all three counties of the catchment area during this fiscal year. A five-day per week program is available in Horry County while Georgetown and Williamsburg Counties are operational several days per week.

Another notable goal set by the Center was the expansion of programs and services to meet the needs of the black community. During the year, an outreach program was established in Horry County at the Smith-Jones Recreation Center in Conway staffed by two Center staff members providing outreach, information, counseling and referral to Center programs. In addition, during the year, minority outreach positions were filled in the Georgetown and Williamsburg County satellite offices of the Center with emphasis being placed on alcohol and drug addiction educational efforts and treatment.

EARLE E. MORRIS JR. ALCOHOL AND DRUG ADDICTION TREATMENT CENTER

Office of the Director

A new director was appointed and since January, 1981, under his leadership Morris Village has undergone significant and positive

changes internally as well as improved service linkages with other state agencies.

The treatment day has been expanded from 8:30 A.M. to 9:00 P.M. with treatment staff on duty throughout that period. Weekend and evening activities, as well as treatment services are now offered throughout the day. Admissions now occur Monday through Friday, and with the employment of an additional physician, medical services to residents have been improved.

Modifications in program offerings, as well as department reorganizations, which will improve the quality of services to residents, have been accomplished. Further changes in programs and departments will be initiated, in a systematic manner as indicated.

Several efforts are being undertaken to maximize the resources currently available in the most cost-effective manner. The village, moving toward the use of increasingly available and improved technologies, is exploring the utilization of Word Processing Systems in the management of information, medical records and other data. A Task Force has been appointed, and is preparing recommendations regarding the establishment of a Management Information System to enhance the capability of assessing the utilization of staff and resources, increase the quality and quantity of printed materials as well as data relative to program evaluation. Finally, efforts are already underway to develop strategies for the implementation of Quality Assurance activities as a step toward possible JCAH accreditation and the proposed development on increased potential for third-party payments.

Two specific program areas being currently expanded and developed include plans to increase Family Therapy services for residents and family members. Within the next few months at least two additional Family Therapy sessions will be offered in the evenings, and an assessment process for Family Therapy goals will be developed. The Village is also expanding the involvement of Alcoholics Anonymous in the village program. Contacts have been made with numerous AA groups throughout the state, and efforts are underway to identify an AA contact person in each community, to provide increased liaison with Morris Village with respect to referrals to and from the Village. Additionally, members of the Morris Village staff will be visiting AA groups in the Midlands area of the state.

Finally, efforts continue to maintain and improve relationships with other facilities and agencies. Memoranda of Agreement currently existing between Morris Village and other agencies are being reviewed and revised. Positive relationships currently exist with such agencies as the S. C. Commission on Alcohol and Drug Abuse, Lexington/Richland Alcohol and Drug Abuse Commission, Department of Youth Services, Department of Corrections, Department of Health and Environmental Control, Juvenile Placement and Aftercare as well as with treatment

centers such as Palmetto Center, Holmesview, Fenwick Hall, and Community Mental Health.

Fiscal 1981-82 promises to be an exciting opportunity for the village as we move toward further enhancement and refinement of our comprehensive treatment and rehabilitation program.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

Program Development:

During this year Morris Village has experienced a continuing series of events that has mandated changes in the treatment program. The Office of Program Development and Training Management has been centrally involved in the planning of these changes and the coordination and implementation of the new programs.

Beginning with the reduction in force that occurred during last year and continuing into this reporting period, the center made programmatic changes that initiated a two stage program. Each stage was 28 days in duration. Stage I consisted of group therapy, a lecture series and activities therapy. These were required of all adult residents. Additional programs such as individual therapy, family therapy, AA, NA, and adult education were available as needed. During Stage II (an optional stage), the resident continued in an advanced therapy group and could be referred to special focus groups such as assertiveness training, relaxation/biofeedback, Personal & Social Skills, Women's group, leisure counseling and That Whole Family Mess. This treatment program continued through March of 1981.

An evaluation of the program in early 1981 resulted in several findings that indicated further change was needed. At this time the Center also gained a new Director. A priority of the new Director was to extend staff coverage and treatment programming beyond 5:00 PM to 9:00 PM in the evening.

To answer these needs this department acted with the Deputy Director for Treatment and Program Services and other selected department heads to develop a treatment and program and staffing pattern that would meet these needs. The Stage I/Stage II program was eliminated, but the essential elements of the old program and the 28 day minimum expected stay were retained. The normal treatment day was divided into four treatment periods plus two after dinner periods. All residents were required to attend group therapy during one period. All other treatment activities were divided between the remaining three periods. At the point of treatment planning with the resident, referrals are made to specific activities according to the treatment goals established.

From the day the resident is admitted until the treatment staffing is completed (5-7 days) the resident participates in an assessment/evaluation program and attends group therapy. While in assessment/

evaluation the resident attends a series of didactic presentations that help prepare him/her for involvement in the full program. The resident receives orientation and participates in an activities assessment and psychological and Vocational Rehabilitation evaluations if appropriate.

The evening program had traditionally been diversionary activities provided by Activities therapy. In addition, the new program added special focus groups such as Men's group, Women's group, Family Planning, Biofeedback, Individual Therapy, Legal Awareness Group and Nutrition and Weight Loss groups to the evening schedule.

A system of case managers was also initiated in conjunction with the new program. This system provided for one clinical staff member to be assigned to each resident to manage that resident's participation and progress in treatment. This system has functioned well by describing responsibility for many managerial functions that had previously been delegated to various people throughout the program.

The Office of Program Development and Training Management provides continuous overview of the program. On a daily basis, this office coordinates the program, schedules the didactics and manages changes.

This office also provides leadership and programming for Primary Prevention and Quality Assurance activities.

Training Management:

This office is charged with assessing training needs, planning, coordinating and implementing in-house training programs. In addition this office maintains records of training attended by all staff both in-house and through outside agencies.

The staff of the village continue to be involved in training here, through the SCDMH Staff Development Program and selected outside offerings. Particular interest has been given to the South Carolina School of Alcohol and Drug Studies. This year the Center provided over 30 staff as both participants and faculty.

This office is currently moving to initiate an on-going regularly scheduled program of training within the center.

ACTIVITY THERAPY

Fiscal 80-81 brought many changes for Morris Village as a whole and the Activity Therapy Service specifically. Program changes resulted in doing away with blanket referrals to a Recreation Therapy and an Arts and Crafts Shop Group. Program changes have now enabled the Activity Therapy Service to offer specialized groups designed to meet specific, individualized treatment goals. There are currently sixteen of these groups being offered. Examples of the specialized groups are Beginning Guitar, Leisure Counseling, Creative Movement, Group Skills Development, Hortithrapy, Ceramics, Physical Conditioning, and Lei-

sure Skills Development. Groups meet four times per week, and average attendance ranges from six to twelve.

Residents are assigned to an Activity Therapy Group from the Activity Assessment Team. On his/her third day at Morris Village, the new resident meets with two members of the Activity Therapy Service. These two staff conduct an interview. The Activity Therapy assignment is based on that interview. This system insures an individualized treatment not previously possible.

The Activity Therapy staff is responsible for offering diversionary activities during the evening and on weekends. To this end our staff coverage extends to 9:00 p.m. each day except Sunday. During this period residents are encouraged to take responsibility for planning for themselves with the Activity Therapy staff serving as resource personnel. Enhancement of the diversionary program was achieved by making one staff member, an Activity Therapist II, directly responsible for planning and encouraging participation in the intramural program. This appointment has resulted in more consistent and better organized community wide activities over the past year. The Therapist assigned to this slot works a minimum of three evenings per week.

It is also during the evening that many of the special emphasis and skill development groups occur. This past year three groups have included participation in the Columbia City Softball League, archery, fishing, and such community orientation trips as dinner out, cultural events, and museum trips.

During the past fiscal year, there was a change in the Activity Therapy Supervisor for the Young Adult Program. Ms. Louise Swinton replaced Ms. Diane Smith who had resigned in order to take another position out-of-state. Ms. Swinton first came to Morris Village as an intern and has progressively moved up the career ladder. Activity Therapy for the Young Adult Program is geared to meet the needs of this special group. Body awareness, self-reliance, and personal confidence have been encouraged via such activities as Men's and Women's groups, swimming instruction and off-campus camping experiences in addition to the regularly operating Recreational Therapy groups. Also, the Young Adult Program is taking a more active role in providing center wide activities, such as the Birthday Party.

The group therapy program of Morris Village was supported by Activity Therapy providing more than 20% of the primary and co-leaders used during the year. Several times during this year, a member of the Activity Therapy Service has served as the sole leader for a Group. This was accomplished without a reduction in other services.

Participation in SCDMH and other training opportunities was encouraged. A number of different workshops were attended by Activity Therapy Service personnel. Further, several members of the Activity Therapy Service have served as presenters at various meetings and

workshops. These presentations have been on the subjects of Hortitherapy, Parenting, Recreation Therapy, and the like.

Overall, the past year has been one of positive change for the Activity Therapy Service and therefore the Village as a whole.

SOCIAL WORK DEPARTMENT

Presently, the department consists of 19 staff — five Clinical Social Workers, twelve Social Workers, and two Addiction Specialists.

Given numerous changes both administratively and programmatically, statistics show a continued emphasis on client delivery services, reflective of a strong sense of professional commitment. The number of individual contacts to clients and collaterals showed a significant increase as did the number of group therapy sessions with residents. A decrease in the number of family group sessions, signifying the involvement of fewer family members than last year, was the result of additional program demands caused by an overall loss of professional staff. Plans are presently underway to focus more attention on services to families with a proposed family program expansion.

Programmatically, Social Work Service continued to provide leadership and support to special emphasis programs focused on family dynamics, women, legal issues and career development. There was consistent involvement in programs providing biofeedback training and relaxation techniques.

Additional staff involvement was in areas of primary prevention through participation in community, church and school/college activities along with the more formal structure of participating in "FAMILY FEST-'80" coordinated by the South Carolina Commission on Alcohol and Drug Abuse. Staff also participated in a training program for community referral agents sponsored by Morris Village.

Consistent with our endorsement of professional growth, several staff were certified or, recertified as Addictions Counselors; one staff was accredited by the American Association of Marriage and Family Therapist, and there are two accredited clinical social workers, (ACSW). And, all staff participated in workshop/training programs during the year.

Once again we maintained our teaching relationship with the University of South Carolina, College of Social Work, offering practicum experiences for second-year graduate students working towards the Master of Social Work degree and, for the first time, entered into a teaching/practicum relationship with the University of Tennessee School of Social Work.

Additional indirect responsibilities of the department involved updating the procedural manual, providing input for social workers' reclassification study and, participating in intra-departmental activities.

The fiscal year ended with the department focused on two projects: a socio-cultural assessment model for residents' group therapy assignments and a proposal for expansion of services to families.

Summary Statistics Report July 1980-June 1981

Individual Contacts (Residents, Families, Collaterals)	17,027
Group Therapy Sessions with Residents	2,813
Group Therapy Sessions with Families	429
Family Members Participating in Family Program (includes Family Groups, Families Anonymous, Couples Therapy)	2,124

AFTERCARE DEPARTMENT

The Aftercare Department at Morris Village continued to develop and improve each of its major areas of responsibility. These areas of responsibility are:

1. Follow-up/Outreach
2. NA/AA
3. Aftercare Planning and Referral
4. Community Residence Program

The Follow-up/Outreach staff continued special projects to obtain information from ex-residents. Data was gathered in an effort to assess ex-residents' progress and assist Outreach with both Mental Health Centers and County Commissions on Alcohol and Drug Abuse. The Aftercare staff offered a wide range public education and outreach with public schools, correctional facilities, civic groups and professional organizations. An Open House/Workshop was done by the Aftercare staff at Morris Village with over 40 referral agents in attendance.

The Aftercare Department continued to offer staff support for both NA and AA. During the Fiscal Year there were 242 AA meetings at the Village, with both residents and ex-residents in attendance. Residents attended 3163 times, with ex-residents attending a total of 475 times. Over 1100 individuals, both residents and ex-residents, participated in the twice a week NA program. An Aftercare Couples Group continued to meet with ex-residents.

Aftercare planning and referral is offered to each Morris Village resident. Shortly before the resident's scheduled discharge, aftercare arrangements are finalized, and an appropriate referral made. During Fiscal Year 1980-81 the Aftercare Department made approximately 1100 referrals to local programs, the majority of these to Community

Mental Health Centers or County Commissions on Alcohol and Drug Abuse.

The Community Residence Program continued to operate smoothly with the male house being relicensed for 10 residents and the female house being relicensed for 8 residents. Fifty-three admissions were made with an average stay of over 3 months.

Our positive relationship with the University of South Carolina College of Education continued as we offered placements to both practicum students and interns. Three members of the Aftercare Staff also served as faculty of the South Carolina School of Alcohol and Drug Studies.

PSYCHOLOGY

The Psychology Department has placed major emphasis on maintaining a program of ongoing planning and evaluation, congruent with the Village's increased emphasis on accountability and quality assurance of patient care. In light of continuing fiscal restrictions, major programmatic changes have been necessary in order to facilitate the delivery of quality professional services. Emphasis is being placed on focusing and clarifying departmental goals and objectives.

Referrals for psychological and educational evaluations have stabilized and new procedures have been developed to expedite a multi-level screening process for psychodiagnostic evaluations. Monitoring of the evaluation process and provision of comprehensive feedback continue to be a valuable part of the procedure.

The Psychology Department has placed increasing emphasis on providing consultative and training services both within the Village and for the professional community at large. Psychology staff have instituted a new system of clinical supervision, in addition to providing ongoing direct services in individual and group psychotherapy. Staff have actively supported expanding the treatment program by participating in diversified and specialized therapies, with particular emphasis on modifying both the Assertiveness Training group and the Women's group to meet changing needs.

THE MEDIA CENTER

In the past year the Morris Village Media Center has been active in its role of providing media production and consultation in the areas of resident education, staff training, public education and therapy. Its primary objective is to Morris Village but has provided services to other SCDMH facilities and state agencies. Staff for production and technical support related to these services include a Media Director, an Audio Visual/Graphics Specialist, a Media Production Specialist as well as one to two graduate interns from University of South Carolina.

The Media Center has been increasing its emphasis in the production of materials for resident education. Over 80% of the special emphasis groups are now using media produced in the Center or audio visual equipment for the residents. The video closed circuit system is used for resident education and information on a weekly basis.

A comprehensive media campaign has been developed to educate referral sources as well as the general public about Morris Village, the treatment program and its referral process. Two traveling displays have been produced and have been utilized by staff for presentations around the state. New brochures were printed and distributed to referral sources.

NURSING SERVICE

Nursing Service continue to provide a wide range of nursing services to residents of Morris Village. Nursing Service personnel monitor resident cottages around the clock, provide orientation to the village and the program for new residents, arrange transportation to the various medical clinics, and provide nursing care for newly admitted residents, as well as for those who are confined to the Infirmary due to illness.

During the past fiscal year Nursing Service personnel were selected and trained to provide family planning services to residents. The program, offered by Family Planning Counselors, provides education regarding various birth control techniques and methods, recognition and treatment of venereal diseases, as well as information regarding personal hygiene. Discussion around commonly-held myths regarding sexual behavior and activities is also provided.

MEDICAL SERVICES

During the past fiscal year Medical Services have been expanded with the addition of another physician. The medical staff, including physicians and physician's assistants, provides an initial evaluation of all residents, including an initial physical examination and comprehensive medical history, referral to various medical clinics and on-going medical care as the need arises.

The Medical Staff is currently involved in developing and implementing a more effective screening process whereby those residents whose medical and/or psychiatric symptomology would preclude their effective involvement in the village alcohol and drug addiction treatment program may be referred to a more appropriate treatment setting.

CHAPLAINCY

The Department of Chaplaincy at Morris Village provides pastoral and educational services in three primary areas of the program.

In direct resident care, chaplains provide pastoral care services to all residents, including worship services, individual, group and family therapy, and pastoral counseling designed to address specific treatment issues for chaplaincy referrals. In addition, chaplains serve as pastoral consultants for all village Treatment Teams.

The Clinical Pastoral Education program provides CPE training for clergy through a part-time, extended unit from October through May, as well as on a full-time basis during the Summer.

Finally, Chaplains also provide informal pastoral care, as well as formal pastoral counseling for other staff members of the village, as needed. Additionally, members of this department are continually involved in a variety of treatment programs and committee activities in the village.

VOCATIONAL REHABILITATION

The year 1980-81 was marked by significant personnel changes in Vocational Rehabilitation at Morris Village. With the exception of one, every professional position in the department has had at least one vacancy. Although the personnel moves were positive ones and the individuals involved were retained in the Vocational Rehabilitation system, the impact upon the project at Morris Village was significant and measurable.

The appointment of a new full-time Director of the Village and the subsequent program alterations presented new challenges to the integration of Vocational Rehabilitation services. Program services have been extended into the evening hours and schedules have been completely revised to render services more expeditiously to a greater number of clients. As of this writing, schedule logistics are continuing to be revised in an effort to improve the efficiency of Vocational Rehabilitation service delivery at the Village.

During the past year, the Vocational Rehabilitation staff interviewed 632 referrals, 44% of the total Village admissions; of the 632 referrals, 360 or 57% were found eligible for Vocational Rehabilitation services. 189 cases were transferred to Vocational Rehabilitation field counselors in Area Offices across the state for job placement and follow-up in their home community. 126 clients who remained in the greater Columbia area received job placement and follow-up services through the Vocational Rehabilitation Office at Morris Village. Vocational Rehabilitation at Morris Village sponsored 3 clients in various training and educational programs. As a direct result of the efforts of the Vocational Rehabilitation team at Morris Village, 51 clients who remained in the Columbia area have been rehabilitated at an average cost of \$274 per rehabilitant.

COURT LIAISON SERVICES

The Court Liaison unit has continued to provide paralegal services to adult and juvenile residents at Morris Village with criminal, civil or domestic problems. For the year 1980-1982, the total number of residents referred to the unit was 622. The unit continues to provide the same liaison services both to resident population and the legal and judicial communities across the state. Our staff also function as casemanagers, group therapists in regular and special emphasis groups, provides appropriate coverage to the four treatment teams, and represents the department on the Patient's Rights Committee and the Primary Prevention Committee.

Our Memorandum of Understanding with the S. C. Department of Corrections has again been updated, resulting in plans to increase the number of referrals from that facility. In addition, Court Liaison personnel have attended and testified in 10 parole hearings and 13 court appearances.

YOUNG ADULT PROGRAM

The Young Adult Program has stabilized as a treatment program for twelve young people at a time, with the ages remaining between thirteen and seventeen. This capacity enables all young adult residents to be housed in the same cottage — a significant improvement over the former arrangement of housing female adolescents with adult females.

The outdoor education component of the program has been strengthened, and the program (in conjunction with Juvenile Placement and Aftercare) sponsored a statewide conference on wilderness camping. Entitled "The Wilderness Experience: An Alternative for Troubled Youth," the conference was well attended by professionals from throughout the state. During the year, residents and staff made overnight camping trips to Table Rock and to the Sandhills Wildlife Refuge.

In April, the staff conducted a whole day retreat to review the program structure and procedures. One of the most significant products of the retreat was a revised disciplinary procedure for residents. The new procedure more clearly reflects the program philosophy of logical consequences for behaviors.

Residents and staff conducted a Car Wash and raised \$75.00 as a donation to the Camp Burnt Gin Crippled Children's project. The Young Adult Program has used the camp, and the residents were enthusiastic about helping others less fortunate than themselves.

The Family Issues Group (begun during the previous year) has become a regular feature of the Young Adult Program, and a new program was added: Home Economics. Utilizing volunteer and donated monies, the residents plan a menu, then shop for the food during one session, and then cook a family style meal during the second session in the same

week. The program has become a highlight of the treatment week, and the residents not only learn a new skill, but are learning about good nutrition at the same time.

This has been a positive year for the program, with occupancy figures remaining high. The system of having professional staff on duty from 7:00 AM until 11:30 PM, seven days a week, continues to yield benefits for the residents; the shift rotation is equalized among all staff assigned to the unit. The weekend Family Therapy sessions continued to provide a central focus for most residents, and attendance and participation remain high.

Future directions for the program involve strengthening several existing programs, and enhancing relationships with other child and adolescent services.

ADULT AND ADOLESCENT EDUCATION

The Adult Education Program at Morris Village is coordinated with Richland County School District 1 Adult Education Department.

Diagnostic tests are administered which enable the instructor to design a program to meet the specific educational deficiencies of each resident. Residents may improve basic educational skills or prepare for the High School Equivalency Examination. During the past year 40 residents completed the GED test.

The Adolescent School Program at Morris Village is coordinated with the Special Services Department of Richland County School District One. All residents in the Young Adult Program who have not completed high school or the GED are enrolled for 3 hours each day in the educational program.

The curriculum is designed individually for each resident. It is usually a continuation of the resident's home high school program, a basic remedial program, or a program to prepare the resident to take the high school equivalency exam.

ADMINISTRATIVE SERVICES

Administrative Services continued to provide excellent supportive service with Professional Services. Administrative Service components acted to insure that the facility operated in conformity with the Department of Mental Health policies and procedures through expenditures and reimbursement review, budget preparation and monitoring of personnel actions.

Administrative Services is continuing to evaluate and update systems which will provide for the best possible patient care. The telephone system for the facility is presently under review with improved changes anticipated in the near future. The dictation of medical records and a system to provide word processing applications is also under review.

Administrative Services components are commended for the excellent efforts they made to achieve the required goals of the facility.

CAMPUS POLICE

Two additional positions were established and two positions were upgraded to Sergeant's positions for Campus Police.

The number of cottage and vehicle searches has been increased for more efficient contraband control. A more thorough patrol system was established, including more foot patrol as well as vehicle patrol. A side gate for use primarily as a fire exit was installed beside the Campus Police office for improved egress.

New procedures were begun for marijuana urine screening and new admissions' urine screening.

PERSONNEL SERVICE AND EMPLOYEE RECORDS

In order to stay within the limited number of funded positions budgeted for the fiscal year 1981-82, twelve vacant positions were abolished in January 1981. This leaves us a total of 184 staff—136 funded with appropriated funds and 48 funded with fines and forfeiture funds. During the fiscal year 24 persons were employed, 24 separated, 2 transferred to other facilities and 5 transferred into Morris Village from other facilities. Other personnel actions included 15 promotions, 17 reclassifications and 1 retired.

Staff contributions for the United Way and Good Health Appeal campaigns totaled \$2,170.06.

REGISTRAR

The number of admissions and discharges for Morris Village during the year continued at a steady flow. During the fiscal year we admitted 1,431 persons and discharged 1,449 persons. The admission personnel encountered very few problems during the year.

The medical records department is responsible for storing and retrieving residents' medical records. The records of discharged residents who have not been readmitted from 1971 through 1977 are now on microfilm, therefore making space available for filing more current resident records.

The post office had a good year with few problems. All residents' funds, postage, petty cash, and cash receipts are handled by our cashier.

FOOD SERVICE

Food Service, with 17 employees, still operates three resident dining rooms, one staff dining room and one canteen. Three meals a day are

served to the residents. The staff dining room is open only at lunch time. All foods are transported from Crafts-Farrow State Hospital by truck at each meal.

We served 172,376 meals to the residents at a cost of \$205,127.40. Meals served to the staff numbered 14,090.

The canteen had a very good year. Canteen services were offered to staff of Bryan Psychiatric Hospital and Crafts-Farrow State Hospital during part of the year. Due to the large number of their staff participating in the use of the canteen, and the limited canteen staff at Morris Village, services had to be discontinued to outside facilities. We purchased a new deep fat fryer and were able to introduce new items, such as shrimp plates and batter fried items to the menu.

The vending machines' sales were \$19,785.02 and canteen sales were \$75,538.81, making a total sales of \$95,323.82. The average monthly percentage rate of profit was 27.11%.

SUPPLY AND MAINTENANCE SERVICES

Three acres of woods, vines and underbrush were cleared during the past year. Grass seeds were planted to add to the attractiveness of the grounds. At the present time, all grounds within the fenced area of Morris Village are under maintenance. Several trees considered potentially dangerous were removed by Maintenance staff.

During a period when the energy facility was down, due to transformer failure, the skylights in upstairs "A" Building and the greenhouse were sprayed with reflective paint to lower the temperature. Additionally, window fans and louvers were installed in the windows to provide ventilation.

Construction of a fire road was begun during the year to enable fire trucks to get to all areas of the Village. We are now awaiting inspection by the Columbia Fire Department to ascertain what needs to be done to bring this road into compliance with regulations. Staff completed training in fire fighting techniques conducted by the South Carolina Fire Academy.

Cottage areas were built using fireproof material and were supplied with air conditioning and lighting. A loading dock was built for the Engineering Department to facilitate the unloading of cleaning materials and other supplies. Some drains were relocated while others were rerouted into storm sewers to control flooding in some areas.

Office space, desks and cabinets were built for the Director's and the Administrator's office areas for better staff utilization.

The Security cameras have been repaired and some updating was accomplished. A new pedestrian gate was installed at Security to facilitate exiting in case of fire and give better access to the recreational field.

HOSPITAL SERVICES GENERAL STATISTICS FY 1980-1981

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1944	1655	3599
On leave without permission	32	14	46
Total	1976	1669	3645
Admissions during twelve months:			
First admissions	2704	1345	4049
Re-admissions	2916	1468	4384
Transferred in	170	165	335
Total received	5790	2978	8768
Total on books during twelve months	7766	4647	12413
Discharged from books during twelve months	5429	2602	8031
Died during twelve months	186	157	343
Transferred out	171	164	335
Total separated	5786	2923	8709
Patients remaining on books at end of hospital year:			
In hospital(s)	1935	1707	3642
On leave without permission	46	16	62
Total	1981	1723	3704
Daily average in hospital(s)	1899	1657	3556
Regular discharges from LWP	301	107	408
Left without permission	545	182	727
Returns from LWP	195	59	254
Regular discharges	5093	2481	7574
Statistical discharges	35	14	49
Types of admissions:			
Voluntary	1669	751	2420
Medical Certificate, Non-Judicial	15	9	24
Medical Certificate, Emergency	3208	1956	5164
Judicial	28	14	42
Court Order	648	57	705
Order of Governor	0	0	0
Order of Mental Health Commission	1	0	1
Other	51	26	77
Total	5620	2813	8433

**SOUTH CAROLINA STATE HOSPITAL
GENERAL STATISTICS
FY 1980-1981**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	836	544	1380
On leave without permission	28	12	40
Total	864	556	1420
Admissions during twelve months:			
First Admissions	850	276	1126
Re-admissions	1042	374	1416
Transferred in	92	73	165
Total received	1984	723	2707
Total on books during twelve months	2848	1279	4127
Discharged from books during twelve months	1957	712	2669
Died during twelve months	20	12	32
Transferred out	22	16	38
Total separated	1999	740	2739
Patients remaining on books at end of hospital year:			
In hospital(s)	828	531	1359
On leave without permission	21	8	29
Total	849	539	1388
Daily average in hospital(s)	794	516	1310
Regular discharges from LWP	2	1	3
Left without permission	182	59	241
Returns from LWP	154	49	203
Regular discharges	1922	698	2620
Statistical discharges	33	13	46
Types of admissions:			
Voluntary	143	74	217
Medical Certificate, Non-Judicial	1	0	1
Medical Certificate, Emergency	1046	498	1544
Judicial	4	2	6
Court Order	648	56	704
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	50	20	70
Total	1892	650	2542

**CRAFTS-FARROW STATE HOSPITAL
GENERAL STATISTICS
FY 1980-1981**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	678	832	1510
On leave without permission	<u>1</u>	<u>0</u>	<u>1</u>
Total	679	832	1511
Admissions during twelve months:			
First admissions	254	265	519
Re-admissions	186	206	392
Transferred in	<u>28</u>	<u>26</u>	<u>54</u>
Total received	468	497	965
Total on books during twelve months	1147	1329	2476
Discharged from books during twelve months	302	307	609
Died during twelve months	148	120	268
Transferred out	<u>11</u>	<u>13</u>	<u>24</u>
Total separated	461	440	901
Patients remaining on books at end of hospital year:			
In hospital(s)	683	887	1570
On leave without permission	<u>3</u>	<u>2</u>	<u>5</u>
Total	686	889	1575
Daily average in hospital(s)	683	862	1545
Regular discharges from LWP	1	0	1
Left without permission	4	4	8
Returns from LWP	1	2	3
Regular discharges	301	307	608
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	31	33	64
Medical Certificate, Non-Judicial	0	1	1
Medical Certificate, Emergency	406	434	840
Judicial	3	2	5
Court Order	0	1	1
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	<u>0</u>	<u>0</u>	<u>0</u>
Total	440	471	911

**WILLIAM S. HALL PSYCHIATRIC INSTITUTE
GENERAL STATISTICS
FY 1980-1981**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	30	51	81
On leave without permission	0	1	1
Total	30	52	82
Admissions during twelve months:			
First admissions	144	177	321
Re-admissions	142	158	300
Transferred in	18	21	39
Total received	304	356	660
Total on books during twelve months	334	408	742
Discharged from books during twelve months	269	308	577
Died during twelve months	2	2	4
Transferred out	14	43	57
Total separated	285	353	638
Patients remaining on books at end of hospital year:			
In hospital(s)	47	52	99
On leave without permission	2	3	5
Total	49	55	104
Daily average in hospital(s)	40	51	91
Regular discharges from LWP	9	6	15
Left without permission	24	13	37
Returns from LWP	13	5	18
Regular discharges	260	302	562
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	229	269	498
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	56	58	114
Judicial	0	2	2
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	1	6	7
Total	286	335	621

**G. WERBER BRYAN PSYCHIATRIC HOSPITAL
GENERAL STATISTICS
FY 1980-1981**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	135	83	218
On leave without permission	3	1	4
Total	138	84	222
Admissions during twelve months:			
First admissions	728	453	1181
Re-admissions	1071	605	1676
Transferred in	7	1	8
Total received	1806	1059	2865
Total on books during twelve months	1944	1143	3087
Discharged from books during twelve months	1703	980	2683
Died during twelve months	1	3	4
Transferred out	114	82	196
Total separated	1818	1065	2883
Patients remaining on books at end of hospital year:			
In hospital(s)	123	77	200
On leave without permission	4	0	4
Total	127	77	204
Daily average in hospital(s)	122	72	194
Regular discharges from LWP	0	0	0
Left without permission	21	3	24
Returns from LWP	18	3	21
Regular discharges	1701	979	2680
Statistical discharges	2	1	3
Types of admissions:			
Voluntary	73	79	152
Medical Certificate, Non-Judicial	4	5	9
Medical Certificate, Emergency	1700	966	2666
Judicial	21	8	29
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	1	0	1
Other	0	0	0
Total	1799	1058	2857

C. M. TUCKER, JR. HUMAN RESOURCES CENTER
GENERAL STATISTICS
FY 1980-1981

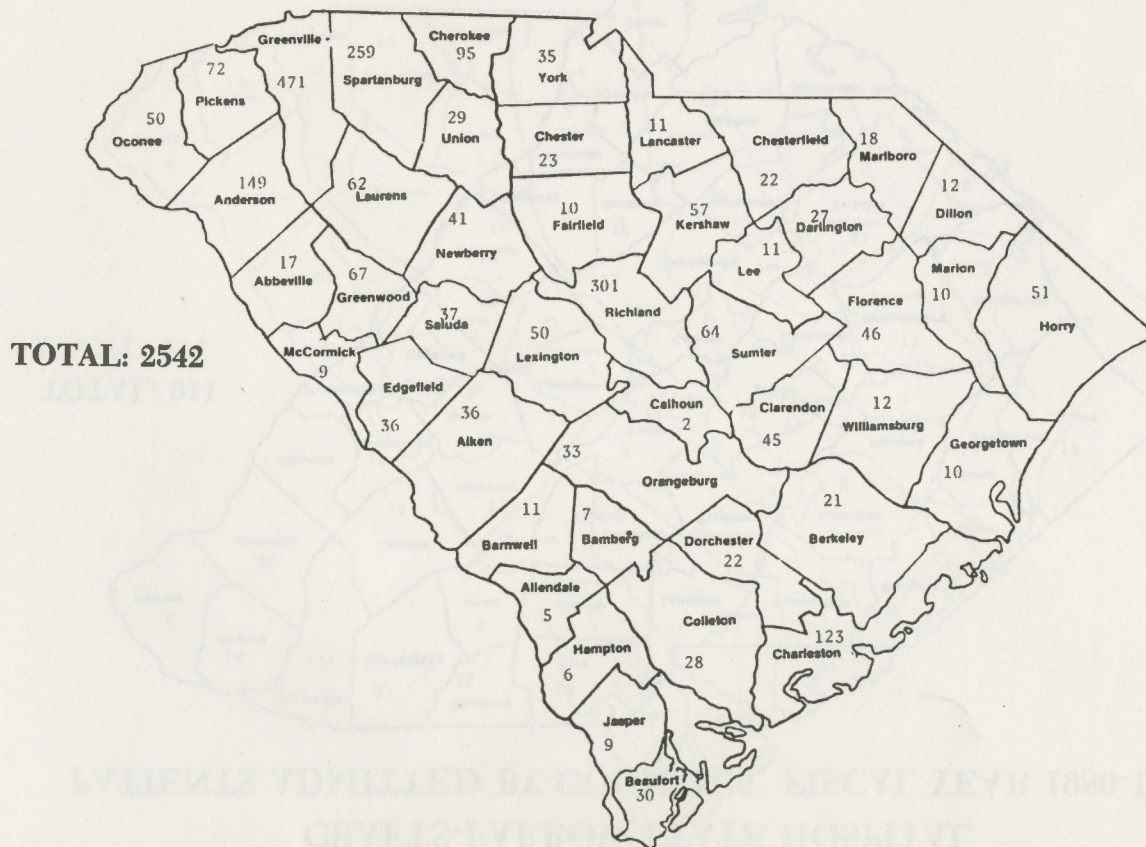
Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	161	125	286
On leave without permission	0	0	0
Total	161	125	286
Admissions during twelve months:			
First admissions	23	1	24
Re-admissions	31	4	35
Transferred in	25	44	69
Total received	79	49	128
Total on books during twelve months	240	174	414
Discharged from books during twelve months	60	11	71
Died during twelve months	15	20	35
Transferred out	10	10	20
Total separated	85	41	126
Patients remaining on books at end of hospital year:			
In hospital(s)	155	133	288
On leave without permission	0	0	0
Total	155	133	288
Daily average in hospital(s)	156	128	284
Regular discharges from LWP	0	0	0
Left without permission	1	0	1
Returns from LWP	1	0	1
Regular discharges	60	11	71
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	54	5	59
Medical Certificate-Non-Judicial	0	0	0
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	54	5	59

**MORRIS VILLAGE
GENERAL STATISTICS
FY 1980-1981**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	104	20	124
On leave without permission	0	0	0
Total	104	20	124
Admissions during twelve months:			
First admissions	705	173	878
Re-admissions	444	121	565
Transferred in	0	0	0
Total received	1149	294	1443
Total on books during twelve months	1253	314	1567
Discharged from books during twelve months	1138	284	1422
Died during twelve months	0	0	0
Transferred out	0	0	0
Total separated	1138	284	1422
Patients remaining on books at end of hospital year:			
In hospital(s)	99	27	126
On leave without permission	16	3	19
Total	115	30	145
Daily average in hospital(s)	104	28	132
Regular discharges from LWP	289	100	389
Left without permission	313	103	416
Returns from LWP	8	0	8
Regular discharges	849	184	1033
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	1139	291	1430
Medical Certificate-Non-Judicial	10	3	13
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	1149	294	1443

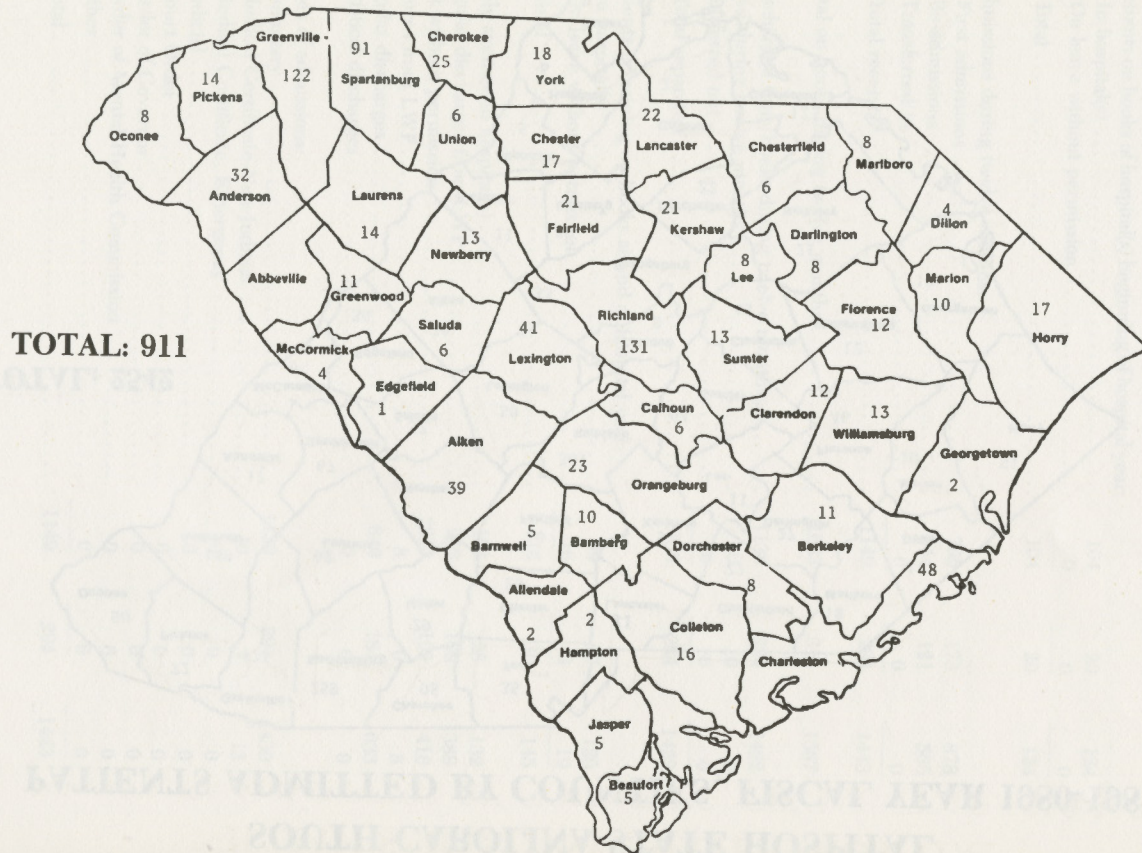
SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1980-1981



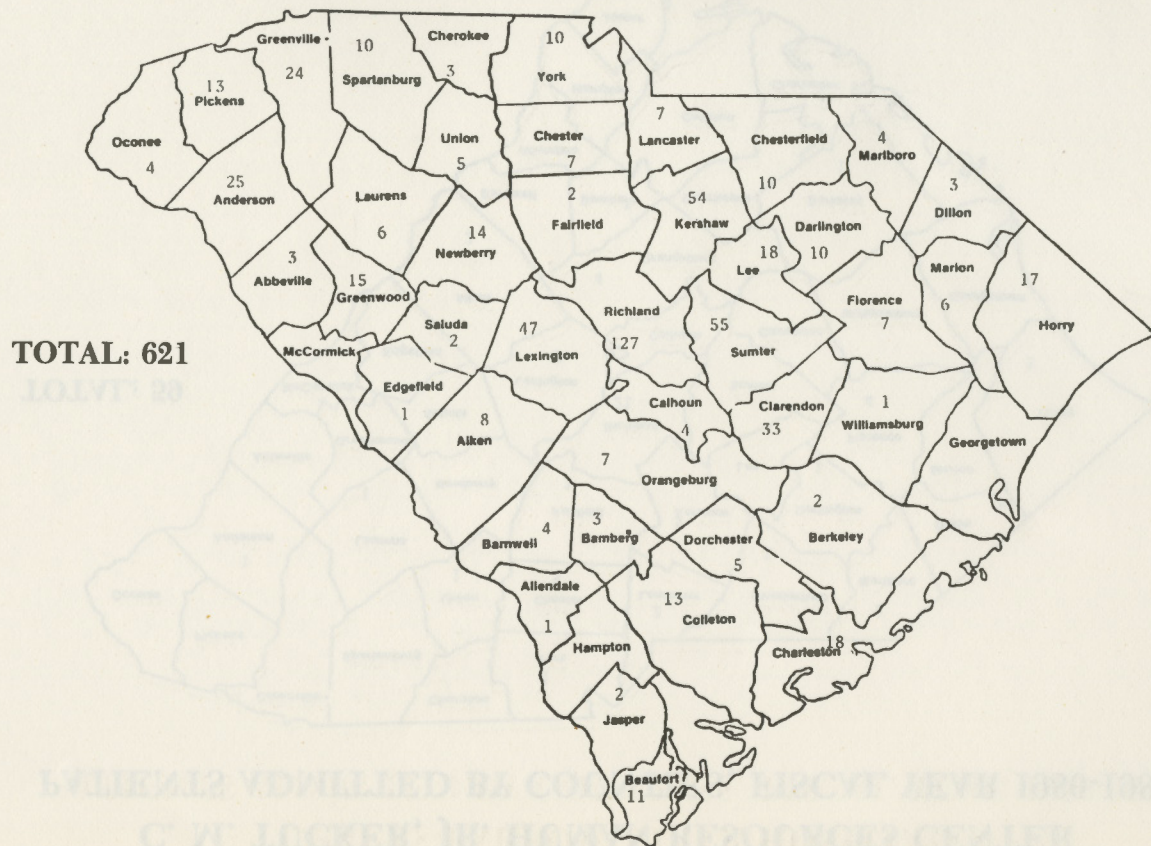
CRAFTS-FARROW STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1980-1981



WILLIAM S. HALL PSYCHIATRIC HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1980-1981



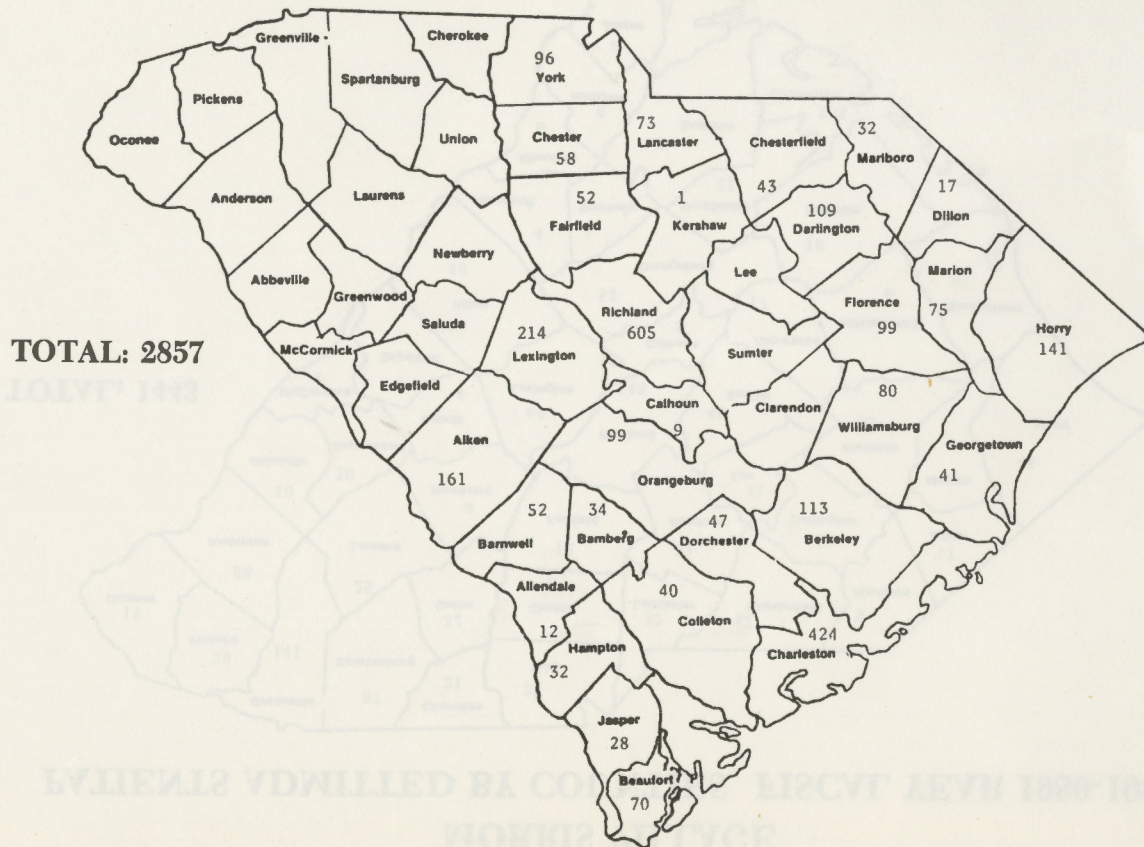
C. M. TUCKER, JR. HUMAN RESOURCES CENTER

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1980-1981



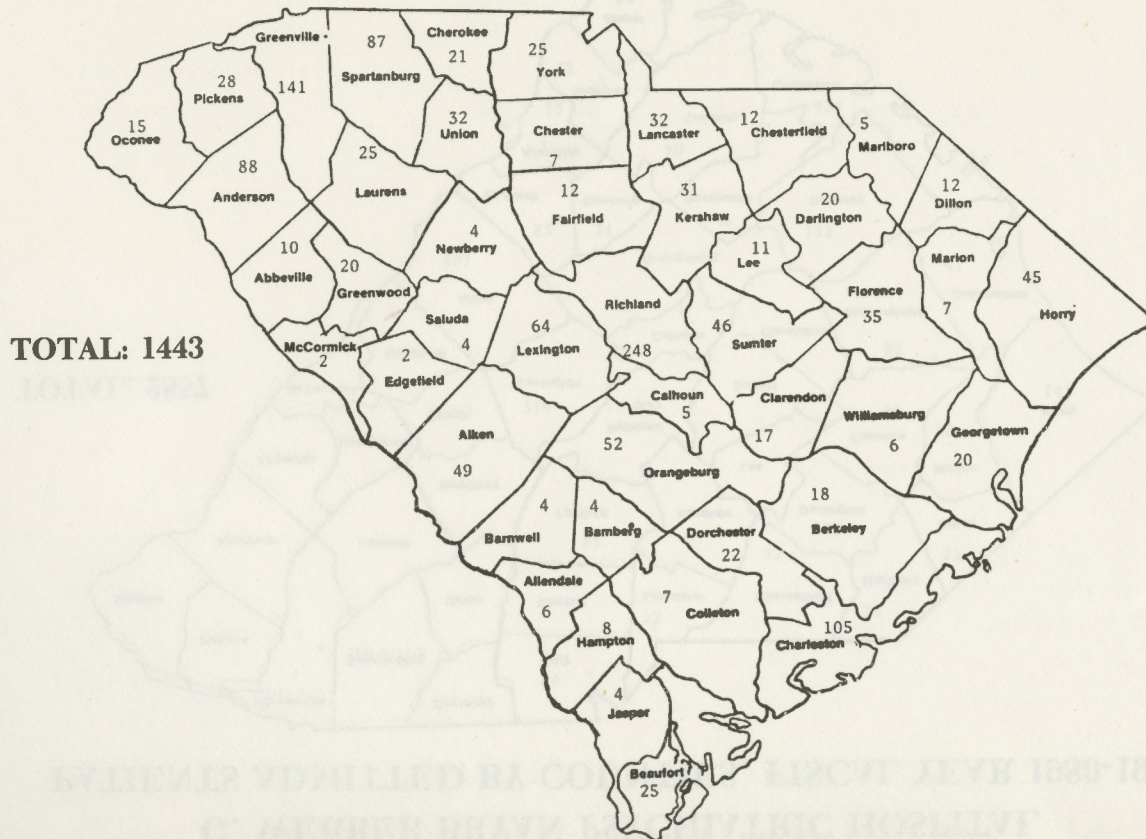
G. WERBER BRYAN PSYCHIATRIC HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1980-1981



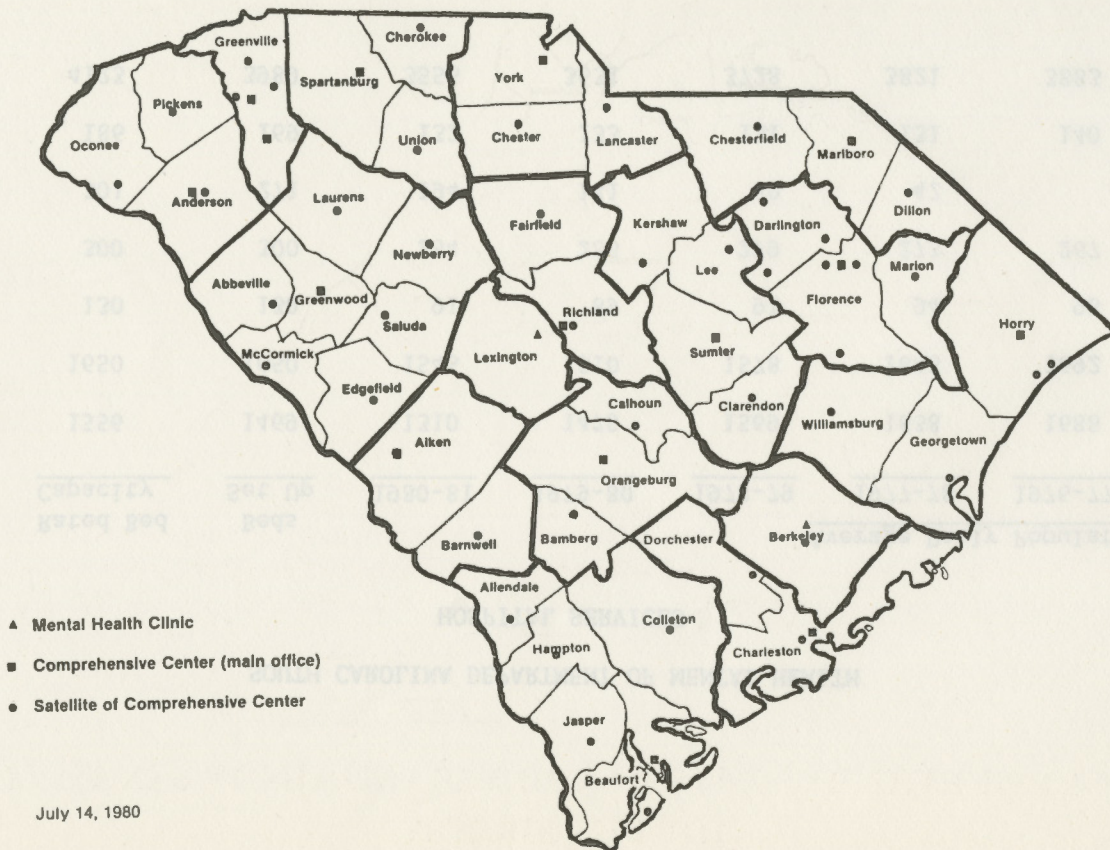
MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1980-1981



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

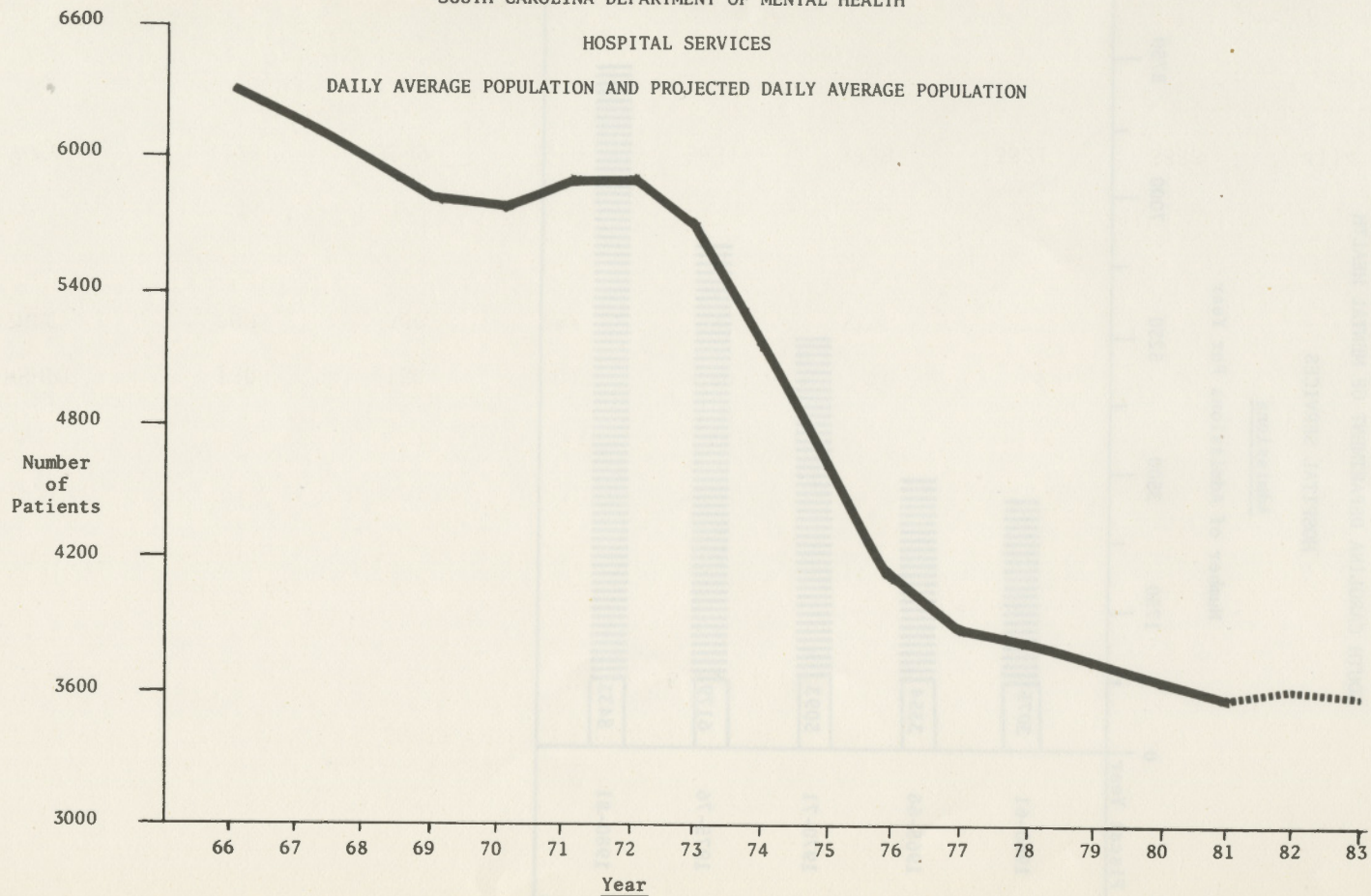
HOSPITAL SERVICES

<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>Average Daily Population</u>					
			<u>1980-81</u>	<u>1979-80</u>	<u>1978-79</u>	<u>1977-78</u>	<u>1976-77</u>	<u>1975-76</u>
SCSH	1556	1469	1310	1475	1569	1638	1688	1812
CFSH	1650	1650	1545	1510	1578	1643	1692	1838
WSHPI	130	130	91	89	91	94	96	94
THRC	300	300	284	283	279	273	267	264
BPH	301	271	194	141	80	42		
MV	186	169	132	133	131	131	140	106
TOTAL	4123	3989	3556	3631	3728	3821	3883	4114

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION

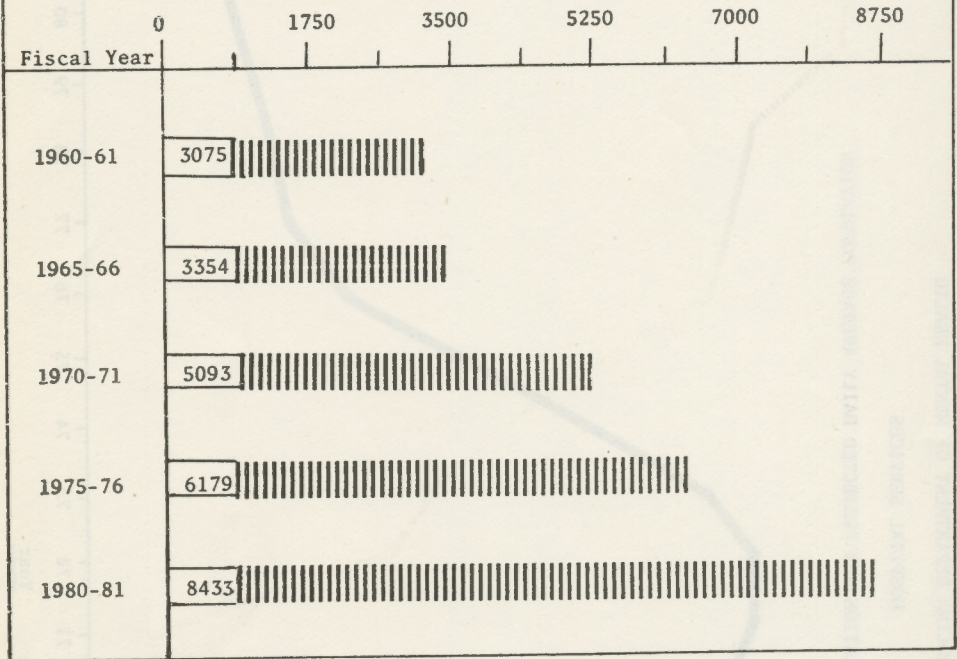


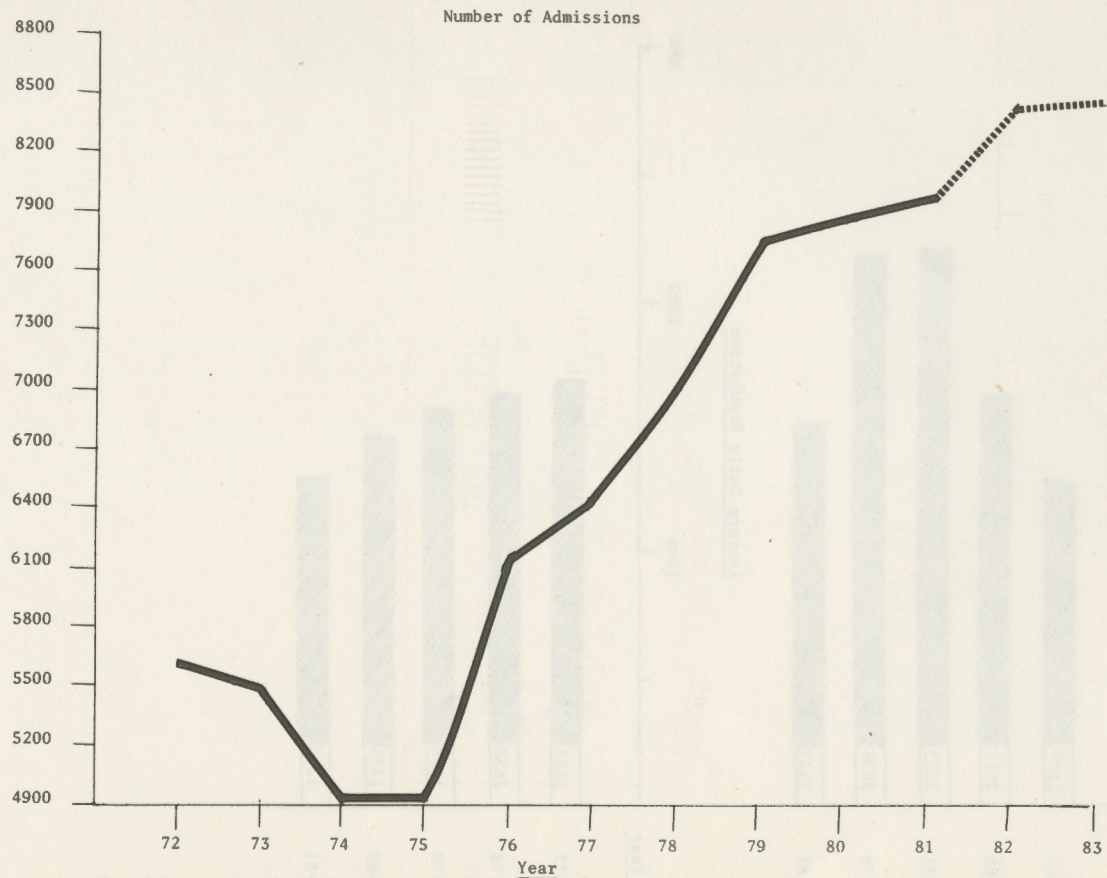
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Admissions

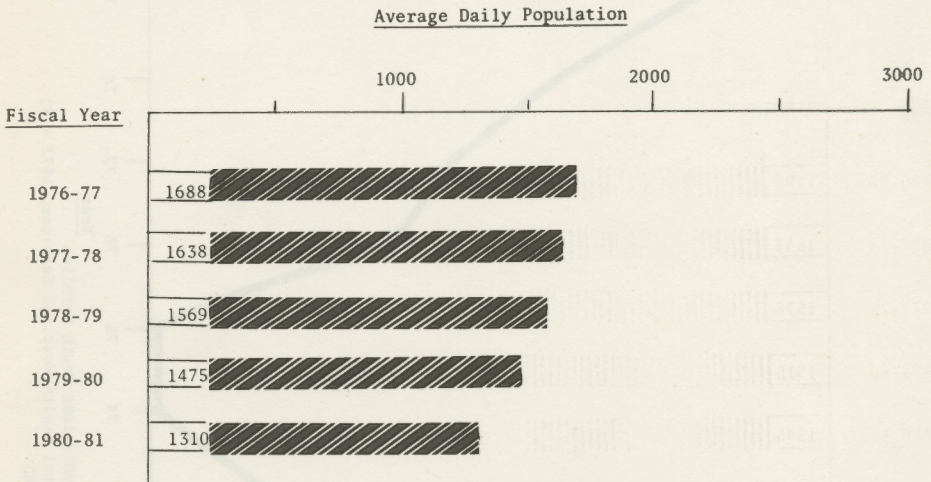
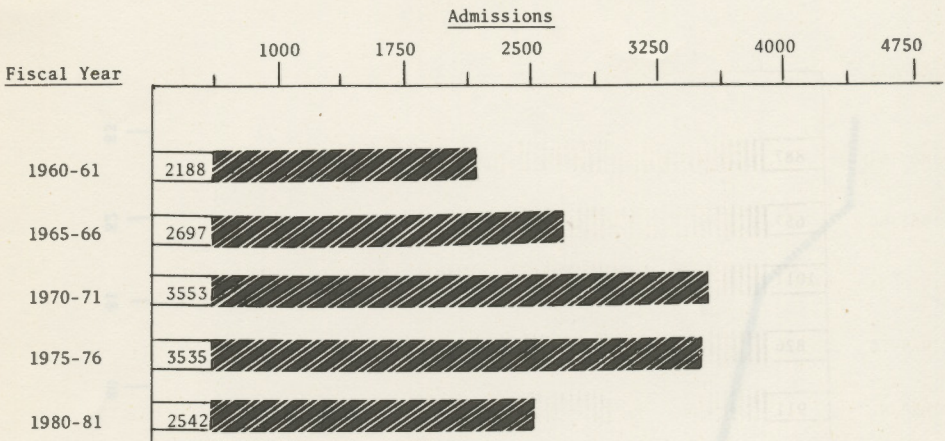
Number of Admissions Per Year



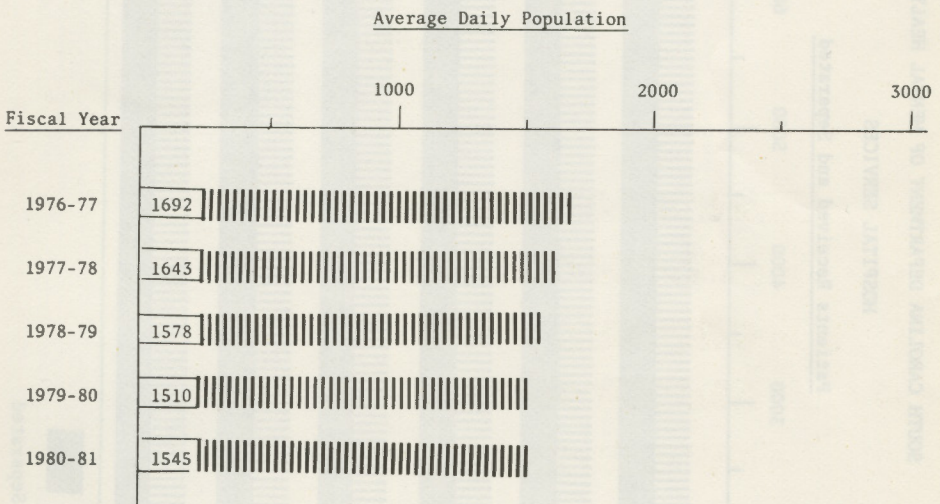
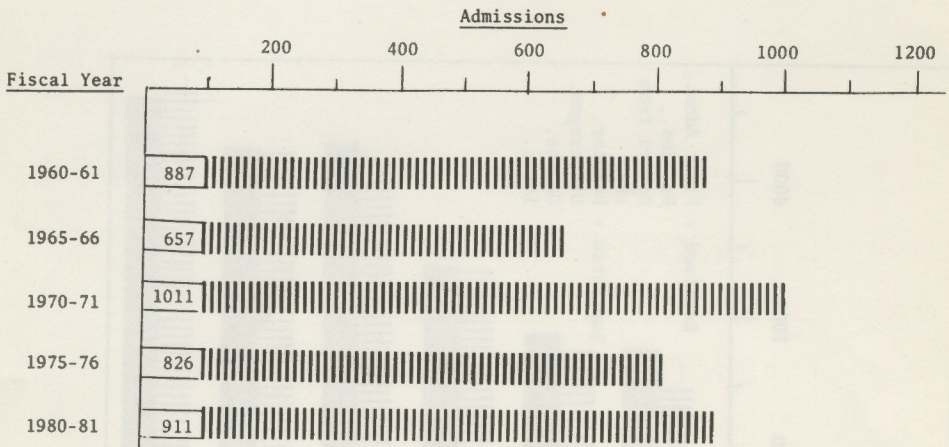


Trend in yearly admissions South Carolina
Department of Mental Health Hospital Services, 1972 - 81
Projected 1982 - 83

SOUTH CAROLINA STATE HOSPITAL



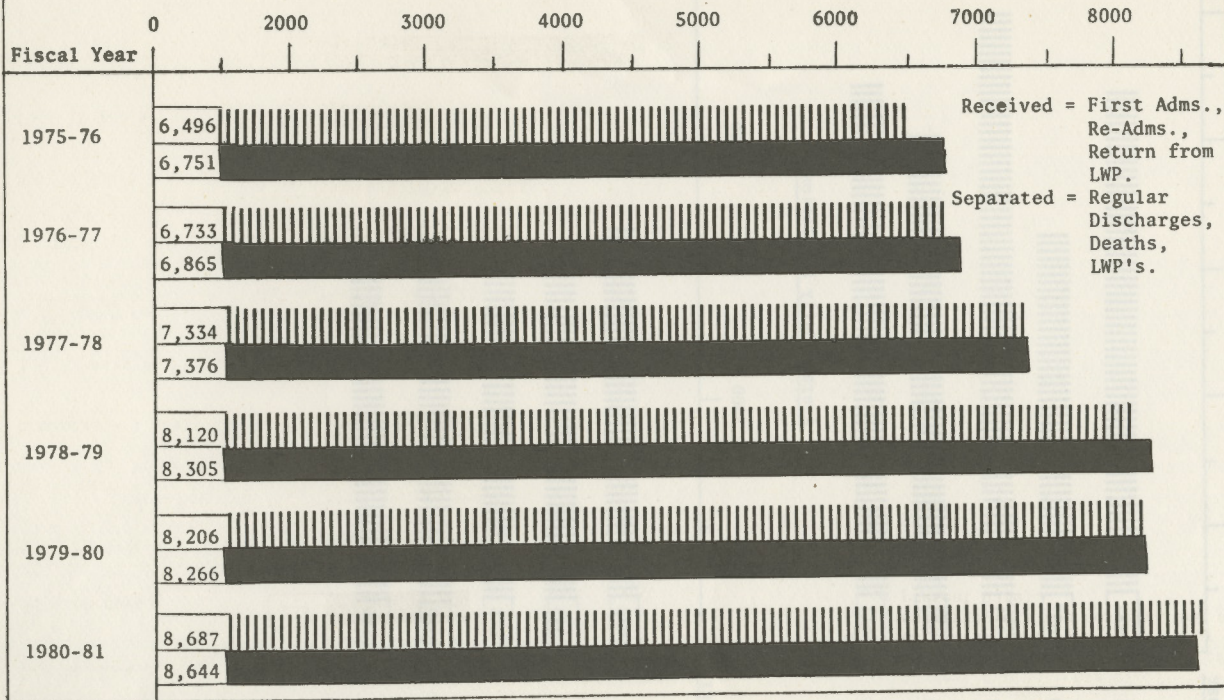
CRAFTS-FARROW STATE HOSPITAL



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Patients Received and Separated



LEGEND:



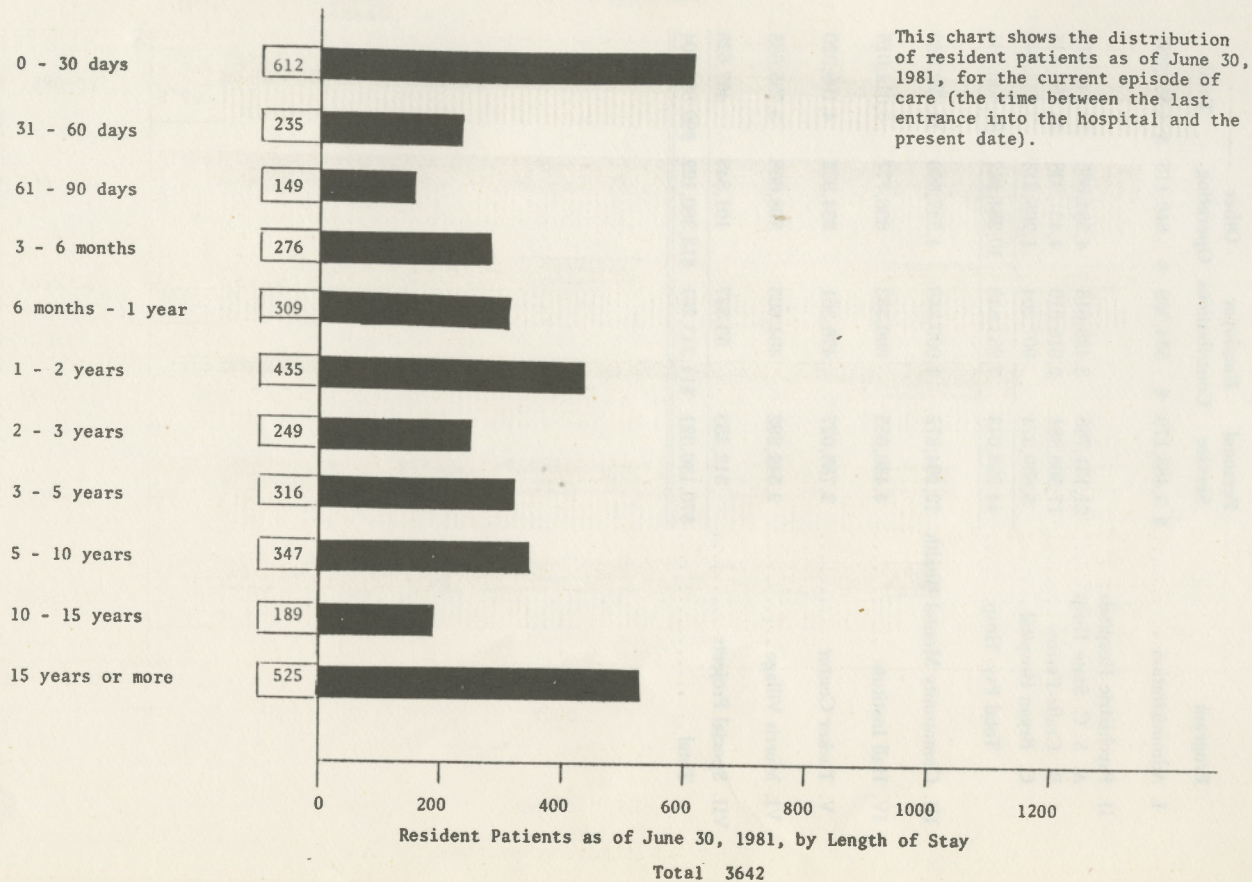
Received



Separated

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
FY 80-81 Expenditure**

Program	Personal Service	Employer Contributions	Other Operating	Total
I. Administration	\$ 3,488,179	\$ 554,369	\$ 846,115	\$ 4,888,663
II. Psychiatric Hospitals				
A. S. C. State Hosp.	21,131,788	3,428,618	4,584,066	29,144,472
B. Crafts-Farrow	17,506,881	2,918,016	4,431,938	24,856,835
C. Bryan Hospital	5,659,374	907,204	1,268,218	7,834,796
Total Psy. Hosp.	<u>44,298,043</u>	<u>7,253,838</u>	<u>10,284,222</u>	<u>61,836,103</u>
III. Community Mental Health	12,264,872	1,909,888	4,547,560	18,722,320
IV. Hall Institute	4,486,655	690,583	836,777	6,014,015
V. Tucker Center	2,788,027	476,361	934,932	4,199,320
VI. Morris Village	2,542,292	404,695	808,668	3,755,655
VII. Special Projects	312,253	53,527	101,848	467,628
Total	<u>\$70,180,321</u>	<u>\$11,343,261</u>	<u>\$18,360,122</u>	<u>\$99,883,704</u>

